

FORM 20-Transcript Evaluation Request Form

As authorized by the Division of Christian Education Accreditation and Credentials
of the Sunday School Publishing Board, National Baptist Convention, USA, Inc.

Submit to: The Division of Christian Education, P. O. Box 70990 Nashville, TN 37207-0990.

Date: ____/____/____

Students Name: _____

Address: _____ City _____ State ____ Zip Code _____

Phone #: Daytime (____) _____ Home (____) _____ Fax (____) _____

E-mail Address: _____

Name of Dean: _____

Address: _____ City _____ State ____ Zip Code _____

Phone #: Daytime (____) _____ Home (____) _____ Fax (____) _____

E-mail Address: _____

Transcript from:

____ Community College ____ Liberal Arts College ____ Seminary ____ Other (List _____)

Name of Institution: _____

Location: City _____ State _____

No. of years attended ____ Dates attended: From _____ Until _____

Area of Concentration: _____ Type of Degree _____

Transcript Evaluation will be used for:

☐ Certified Christian Educators Program

☐ Instructor Certification

☐ Dean Certification

☐ Other

Summary _____

Signed: _____ Date ____/____/____
Dean

Signed: _____ Date ____/____/____
Applicant

Official Staff Use Only

Date Transcript Received ____/____/____ Transcript Evaluated by _____ Date Evaluation Returned ____/____/____