

# FORM 7-Final Report of CLS

Division of Christian Education Accreditation and Credentials  
Sunday School Publishing Board of the National Baptist Convention, USA, Inc.  
Division of Christian Education, P. O. Box 70990 Nashville, TN 37290-0990

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Submit your final report package, which includes Form 7-Final Report of CLS, to be completed by the dean of the CLS, along with an evaluation of the school and Form 8-Class Attendance Records for each class. Submit a copy of your final package to DCEAC and a copy to the State Director no later than thirty days after the completion of the school.

School Name: \_\_\_\_\_ School # \_\_\_\_\_

Location: \_\_\_\_\_  
Church Building \_\_\_\_\_ Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

School Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ School End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Dean Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

State Director: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Email : \_\_\_\_\_

Number of hours devoted to class study? \_\_\_\_\_ Were textbooks provided for each class? \_\_\_\_ Yes \_\_\_\_ No

How many meetings were held with the faculty of this school? \_\_\_\_

Were students advised of: Class requirements? \_\_\_\_ Yes \_\_\_\_ No; Certified Christian Educators Program ? \_\_\_\_ Yes \_\_\_\_ No

Number of CCE(P) applications \_\_\_\_ By Phase: \_\_\_\_First \_\_\_\_Second \_\_\_\_Third \_\_\_\_Fourth (Diploma)

**REMARKS:** On a separate sheet attached to this report, please evaluate this school, giving attention to the following items:

1) Successes and innovations, 2) difficulties encountered and resolutions, 3) benefits from problem resolution, and 4) variations from plans for school as presented on FORM 1.

Dean's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Copy sent to State Director—Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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**ADDITIONAL FORMS AND FEES SUBMITTED with Final Report. A Form-25 Financial Worksheet can be used. Appropriate fees must accompany this form. Please do not send cash. Please do not staple or tape checks.**

Informer Subscriptions: Qty \_\_\_\_ \$ \_\_\_\_\_ FORM-5 Applications: Qty \_\_\_\_ \$ \_\_\_\_\_ FORM-6 Applications: Qty \_\_\_\_ \$ \_\_\_\_\_

CCE(P) applications : Qty \_\_\_\_ \$ \_\_\_\_\_ Other: \_\_\_\_\_ Qty \_\_\_\_ \$ \_\_\_\_\_ (Submit List)

**Total Additional Fees \$ \_\_\_\_\_**

**Please list the method of payment for applications. Make checks payable to the Division of Christian Education.**

Check No. \_\_\_\_\_ Money Order No. \_\_\_\_\_ Cashier's Check No. \_\_\_\_\_

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*In the spaces below, list the courses, instructors, and enrollment data from the CLS. For schools with more than twenty-seven courses, please make a copy of this sheet, re-number it, and attach it to this form.*

No.	Course No.	Course Title	Instructor's Name	Instructor's ID Number	Number of Students	Number completing class
1						
2						
3						
4						
5						
6						
7						
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