

FORM 19—Specialization Completion Form

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

Submit form to: The Division of Christian Education, 330 Charlotte Avenue, Nashville, Tennessee 37201-1188

Date: ____/____/____

Student's Name: _____ Student # _____

Address: _____ City _____ State _____ Zip Code _____

Daytime Phone: (____) _____ E-mail Address: _____

Area of Specialization _____

Specialization Worksheet

Course Requirements: Enclose copies of course cards with this form. Check in last column when course is complete.

Course No.	Name of Course	Complete

Signed: _____ Date ____/____/____ Dean No. _____
Dean of Record

Complete this financial section: Appropriate fees must accompany this form. *Do not send cash! Do not staple or tape checks!*

Fees included: Completion \$ _____ Informer \$ _____ Total \$ _____

Please list method of payment for this application. Make checks payable to: The Division of Christian Education

Check No. _____ Money Order No. _____ Cashier Check No. _____

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