Official Staff Use Only: **Date received: ____/____/____** **APPROVED BY_____** **Date ____/____/__**

FORM 18-Field Study Report for Specialization

As authorized by the Division of Christian Education Accreditation and Credentials
of the Sunday School Publishing Board, National Baptist Convention, USA, Inc.
Submit the form to: Christian Education Division, P. O. Box 70990 Nashville, TN 37207-0990.

Student's Name: _____ Student # _____

Address: _____ City _____ State ____ Zip Code _____

Area of Specialization: _____

Project Description: _____

Name of Institute or Church (study site): _____

Address: _____ City _____ State ____ Zip Code_____

Ministry Supervisor: _____

Purpose of Field Study: _____

_____

Dates of Field Study: (1) _____/_____/_____ (2) _____/_____/_____ (3) _____/_____/_____
(4) _____/_____/_____ (5) _____/_____/_____ (6) _____/_____/_____

Do a narrative summary of lessons learned.

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_____

Signed _____ **Date:** _____/_____/_____
Student

Signed _____ **Date:** _____/_____/_____
Supervisor