

# 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: \_\_\_\_\_

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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:

☐ Certificate of Progress Program

☐ Instructor Certification

☐ Dean Certification

☐ Other

Summary \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Dean

Signed: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant

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## Official Staff Use Only

Date Transcript Received \_\_\_\_/\_\_\_\_/\_\_\_\_    Transcript Evaluated by \_\_\_\_\_    Date Evaluation Returned \_\_\_\_/\_\_\_\_/\_\_\_\_