

# FIRST ST. JOHN BAPTIST CHURCH

"A FULL GOSPEL BAPTIST CHURCH FELLOWSHIP"

BISHOP KENNETH B. SPEARS, PASTOR

## REQUEST FOR CURRICULUM APPROVAL

NAME OF MINISTRY	
MINISTRY LEADER	Contact Number(s):
INSTRUCTOR'S NAME	
CURRICULUM NAME	
TEXT BOOK TITLE	
AUTHOR (s)	
How Long Will This Study Course Last?	
Projected Start Date:	
Projected Ending Date:	
What is the primary focus of study?	
How will this curriculum benefit the FSJ family?	
TOTAL COST: \$	
REQUESTED BY:	DATE
The above curriculum has been reviewed by the appropriate persons with the following results:	
APPROVED for STUDY <input type="checkbox"/>	
NOT APPROVED for STUDY <input type="checkbox"/>	
MINISTRY LEADER APPROVED Signature:	APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> DATE: _____
TIER LEADER APPROVED Signature:	APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> DATE: _____
CHRISTIAN EDUCATION APPROVED Signature:	APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> DATE: _____
MINISTER OF MINISTRIES APPROVED Signature:	APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> DATE: _____
BISHOP KENNETH B. SPEARS ~ PASTOR	Signature: _____