UWSI SEE ELECTIVE COURSE APPROVAL FORM

Name of course: _____

Instructor's Name: Last _____ First _____

Instructor's email address: _____

Name of church or center offering course: _____

Church or center mailing address: _____

Church or center email address: _____ Church or center website: _____

Dates and times the course will meet: _____

(Minimum of 10 course hours required.)

Describe key ideas, objectives, and planned teaching method of this course. (If necessary, attach separate document.

_____

Book(s) or other resources to be used:

_____

_____ _____ _____ _____

Instructor's Signature Date UWSI Director's Signature - Approved Date

☐ **Check here, if after receiving approval for this elective, you would like this course posted to the UWSI Online Registration area. Forms for approval of elective courses to be posted online must be submitted to UWSI 30 days before the start of the course.**

Forms received after this deadline **will not** be put on the UWSI website. Questions about online registration? 816.434.6872

Return this form to: Unity Worldwide Spiritual Institute (UWSI) Attn: Registrar

registrar@unity.org - PO Box 610, Lee's Summit, MO 64063