



# CONTINUING EDUCATION UNIT REQUEST FORM

## Pre- Approval to Teach a Course for Student Credit

Unity Minister

LUT

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Workshop or Course Name: \_\_\_\_\_

Start Date \_\_\_\_\_ End Date: \_\_\_\_\_ # of Classroom/Contact hours \_\_\_\_\_  
*See [unityworldwideministries.org](http://unityworldwideministries.org) for class hour : credit conversion information*

Location: \_\_\_\_\_

How will this workshop/course enhance the student's skills/work/role in ministry?

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**\*\* ATTACH A FLYER, CATALOG PAGE, REGISTRATION FORM OR OTHER SIMILAR DOCUMENTATION**

**APPROVED BY:** \_\_\_\_\_

**# OF CREDITS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Return to: Unity Worldwide Ministries, Denise Boehm, Admin. Assistant, Member Services  
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