SEE ELECTIVE COURSE APPLICATION

Instructor's Name: ____
(Please Print) Last First

Name of ministry offering course: ______________________________

Ministry Address: ____

Ministry Email Address: ____

Instructor ID #______________ Ministry ID #______________

Are You A: Minister______ or Licensed Teacher ________

Name of course: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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(Course title must only be 40 characters)

Book(s) or other resources to be used: __________________________

Number of projected course hours: __________ Date of course: ________ through ________
(minimum 2)

Describe the key ideas and objectives of this course. Indicate something of the planned teaching method. Tell why you feel this course should be offered for elective SEE credits (use back of page, if necessary).

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______________________________________ ____________________
Signature Date

Do not write below this line

For SEE office use only

☐ Elective course approved for ______ credits. (minimum 2 - maximum 10)

☐ Elective course not approved. Reason: ________________________

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Approved by: ______________________________ Date: ______________

For any of the SEE Extension Forms and/or syllabi please visit us at www.unity.org/education/see/SEEinstructor.html

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