

When applying for SEE sessions, be sure to send both the Class Registration Form and the Room Reservation Form.

CLASS REGISTRATION FORM

(Please circle season and letter[s])

FOR SEE SESSION(S)

SPRING	A	B	C*
SUMMER	A	B	C*
FALL	A	B	C*

Date(s) of session(s) _____

Unity ID# ^(SEE will assign) _____

Name **Mr. Ms.** _____
(Circle one)

Street _____ Apt. _____

City _____

State _____ ZIP _____

A.M. Ph: _____ P.M. Ph: _____

E-mail _____

Have you previously registered under another name or address? If so, list here:

In case of emergency, contact _____

_____ Phone _____

I am staying in Unity accommodations. Yes No

I have taken extension courses in a Unity ministry for credit in SEE. Yes No

I plan to graduate this session. Yes No

Leadership Development Program Yes No

Spiritual Development Program Yes No

I intend to apply for the Unity Ministry Path (formerly MEP). Yes No

Do you have a bachelor's degree? Yes No

*Anyone who has completed the Spiritual Development Program may attend Session C classes. If you have questions, check with the registrar prior to registering.

unitySM
INSTITUTE

Mail to:
Spiritual Education and Enrichment
1901 NW Blue Parkway
Unity Village, MO 64065-0001

Phone: 816-251-3535 Fax: 816-251-3555

see@unityonline.org or www.unityeducation.org