



Seat of Wisdom Diocesan Institute
APPLICATION FOR COURSE APPROVAL

This form is used to request approval of courses or programs for Seat of Wisdom certification purposes. It is normally used by catechetical leaders who are planning their own course offerings which are compatible with the objectives of the S.O.W.D.I. certification process.

Course Title: _____

Instructor: _____

Phone: _____ E-Mail: _____

Address: _____

Course Description: (Use other side or attach information if necessary.)

Goals or learning objectives:

Outline of Course:

Location of Course: _____

Date(s) Course is Offered: _____

Total Credit Hours of Course: _____

- _____ **Sacred Scripture**
- _____ **Doctrine (Theology)**
- _____ **Methods**
- _____ **Christian Spirituality**
- _____ **Basic**
- _____ **Advanced**

Send to: *Seat of Wisdom Diocesan Institute*
Office of Evangelization & Catechesis
P. O. Box 44983
Madison WI 53744-4983
Fax: 608-821-3181

For office use only.
Approved: _____
Date: _____