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

_____ Basic

_____ Doctrine (Theology)

_____ Methods

_____ Advanced

_____ Christian Spirituality

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: ______________________