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| Spiritual Community Name: | | | | Account ID Number: **A-** | | |
| Street Address: | | | | | | |
| City: | | State/Province: | Zip: | | Country: | |
| Course Name: | | | Completion Date (mm/dd/yyyy): | | | |
| Instructor: (name and email address) | | | | | | |
| Instructor #2: (if applicable) | | | | | | |
| Senior Minister/Spiritual Director Signature: (electronic is acceptable) | | | | | | |

Enter all student information, including Credit or Review. Address and email verification will take place. NOTE – for date of birth, year is not required. Enter the CSL Individual ID number if available; for new students leave the field blank and an ID will be created. \*Not sure what the Individual ID number is? Contact [spiritualdevelopment@csl.org](mailto:spiritualdevelopment@csl.org).

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| Individual ID Number: **I-** | | | | | | |
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| Street Address: | | | | | | |
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**ATTACH ADDITIONAL SHEETS AS NEEDED**.