

Awakened Heart Spiritual Center
Application for Professional Practitioner Studies Year I

Name:

Address:

City:

State:

ZIP:

Phone:

Required Core Classes Taken:

Date:

Credits:

Foundations:

Self Mastery:

Spiritual Practices:

Roots:

Electives: Class:

Date:

Credits:

I desire to take Practitioner Studies Year I because:

I have read and reviewed the Professional Practitioner Requirements and agree to commit to the full 30-week program of studies.

Name:

Date: