



20 Classes and Intensive Meditation for Student-Teachers
Kundalini Yoga as taught by Yogi Bhajan®
Level 1

Program Team Approval

Legal Name (Last, First)

Spiritual Name

City, State, Country

- | | |
|---------------------------|---------------|
| 1. Date Completed: _____ | Signed: _____ |
| 2. Date Completed: _____ | Signed: _____ |
| 3. Date Completed: _____ | Signed: _____ |
| 4. Date Completed: _____ | Signed: _____ |
| 5. Date Completed: _____ | Signed: _____ |
| 6. Date Completed: _____ | Signed: _____ |
| 7. Date Completed: _____ | Signed: _____ |
| 8. Date Completed: _____ | Signed: _____ |
| 9. Date Completed: _____ | Signed: _____ |
| 10. Date Completed: _____ | Signed: _____ |
| 11. Date Completed: _____ | Signed: _____ |
| 12. Date Completed: _____ | Signed: _____ |
| 13. Date Completed: _____ | Signed: _____ |
| 14. Date Completed: _____ | Signed: _____ |
| 15. Date Completed: _____ | Signed: _____ |
| 16. Date Completed: _____ | Signed: _____ |
| 17. Date Completed: _____ | Signed: _____ |
| 18. Date Completed: _____ | Signed: _____ |
| 19. Date Completed: _____ | Signed: _____ |
| 20. Date Completed: _____ | Signed: _____ |

Intensive Meditation Requirement: _____
Date Completed: _____
Name: _____
Signature: _____