



## The Aquarian Teacher™ KRI Level TWO COMPLETION REQUIREMENTS FORM

**IMPORTANT:** This is a **VIEW ONLY** document. To fill it in with your personal information, you can [DOWNLOAD IT](#) to use in your Microsoft Word or [MAKE A COPY](#) to use in your Google Drive. [Find HERE](#) a short video about this process.

**To be completed and signed by the student before the program begins:**

*The Letter of Completion will be created from this information. Please print clearly.*

Legal Name: \_\_\_\_\_ (required) / Spiritual Name: \_\_\_\_\_ (if applicable)

Street Address: \_\_\_\_\_

City/State/Country: \_\_\_\_\_

Email: \_\_\_\_\_ Phone (with country code): \_\_\_\_\_

I, the undersigned, agree that KRI and the KRI Level Two Teacher Training team reserve the right to grant the KRI the Letter of Completion based solely on their discretion and evaluation of each participant's readiness.

**I also understand that KRI has a firm policy that all five L2 modules must be completed over a period of 2 years or more, as a condition to be granted the Level Two practitioner certificate.** The KRI Certification Committee has decided that NO EXCEPTIONS to this rule will be granted.

*By typing my name below, I am electronically signing this form and agree with the above*

\_\_\_\_\_  
Signature (Legal Name)

\_\_\_\_\_  
Date

**To be completed by the KRI Trainer, Home Study Leader or Administrator:**

*Please check each box to indicate the participant has completed all requirements.*

- ☐ Attended all 50 classroom hours of the program
- ☐ Passing grade of 75% or higher on the exam
- ☐ A minimum of 3 Home Study group calls or meetings
- ☐ At least 3 hours answering/discussing Home Study questions and projects
- ☐ At least 40 days of journaling according to the Home Study guide
- ☐ 90-day assigned meditation
- ☐ Be in good standing with the [Office of Ethics and Professional Standards](#)
- ☐ \_\_\_\_\_

*(Additional reasonable completion requirement(s) set by the Lead Trainer)*

**I verify that the above named participant has successfully completed all requirements for this Level Two module in Kundalini Yoga as taught by Yogi Bhaḡan®**

*By typing my name below, I am electronically signing this form and agree with the above*

\_\_\_\_\_  
SIGNATURE - Home Study Group Leader (or assignee)

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT Name Signed Above

\_\_\_\_\_  
Lead Trainer (Print Name)

\_\_\_\_\_  
Level Two Module Name

\_\_\_\_\_  
Program NUMBER and Location (City/Country/Online)

\_\_\_\_\_  
Program Start / End Dates