



M.A. PROGRAM IN SPIRITUAL PSYCHOLOGY
WITH AN EMPHASIS IN CONSCIOUSNESS, HEALTH, AND HEALING

APPLICATION

1. What is it that attracts you toward participating in the M.A. Program in Spiritual Psychology with an Emphasis in Consciousness, Health, and Healing at this time?
2. What are your intentions and what are you seeking to receive through your participation?
3. Which of your life experiences, gifts, and abilities do you see as contributing to your participation in the CHH Program?
4. Briefly describe any relevant aspects of your health history that may contribute to your interest in this Program. If applicable, describe any health challenges you are currently facing.
5. It is anticipated there will be a waiting list for this limited enrollment Program. The University and faculty are holding for a full class of highly qualified students. One element of this is the strength of your commitment to complete the Program (including participating in all class weekends in their entirety). On a scale of 1-100, how committed are you to completing the CHH Program? What, if anything, could get in the way of your completing this Program?
6. Please attach a current résumé.
7. In order to assist you in assessing your financial preparedness to undertake graduate study at this time, we ask that you complete the following information. Please fill in the approximate percentage of your tuition that you estimate you will be paying from each of the categories that apply to you.

___% Personal Savings ___% Current Income ___% Company Reimbursement
___% Loans ___% Family Assistance ___% Unsure/Faith
___% Other (please specify) _____

8. If you are an International Student who will be requesting an I-20, please contact the Registrar prior to submitting your Application.

Please feel free to include any further information you'd like the Admissions Committee to know regarding your intentions for participating in this Program that have not been covered in your answers to the above questions.

APPLICATION CHECKLIST

The following items are required in order for your application to be considered complete. They are due in the USM office by no later than 3 p.m. on Friday, June 17, 2011.

- Completed Application, questions #1-7
- Application signature
- Application Fee* (\$100)
- Verification of Student Degree Status* Form (signed and dated)
- Current résumé

Note: The \$100 Application Fee is in addition to your \$985 Registration Deposit.

By my signature below, I certify that the information contained in this application is true, accurate, and complete. I understand that my giving false or misleading information is grounds for denial of admission or dismissal from the Program after admission.

Applicant's signature: _____ Date: _____

APPLICATION FEE PAYMENT

Please attach a check for \$100 (payable to USM). If you wish to pay your \$100 **Application Fee** with a credit card, please complete the information below. This fee is in addition to the Registration Deposit.

PRINT name as it appears on card _____

Visa MC AMEX Credit Card # _____ Exp. Date _____

Amount \$ _____ Signature _____

ALL APPLICATIONS: PLEASE RETURN YOUR COMPLETED APPLICATION TO:

University of Santa Monica – Registrar's Office
2107 Wilshire Boulevard – Santa Monica, CA 90403