

Central Program OfficeRegistrar35 Miller Avenue, #3141111 S. Orchard Street, Suite 205Mill Valley, California 94941Boise, Idaho 83705Tel/Fax 415.388.2114Tel 208.344.2682 Fax 208.344.069 Tel 208.344.2682 Fax 208.344.0692

Certificate Program Application Form

Certificate Programs: (Please Check One)

Art and Healing Nature, Trauma and the Soul _ Archetypal Studies/Projective Dream Work The Art of Spiritual Direction

PLEASE TYPE OR PRINT CLEARLY IN INK

Legal Name			
Last	First	Middle	Nickname
Home Address			
Number/Street	City/State		Zip Code
Home Phone	Busi	ness Phone ())
E-Mail Address			
Sex: M/F Date of Birth			
Present employer		Position	
Employer's Address			
Employer's Address Number/Street	City	/State	Zip Code
Medical Background:			
Do you have any health concerns or spe	ecial needs that we should	be aware of?	

Dietary Needs? Allergies?_____

Are you applying ONLY for the Certificate Program? Yes_____ No_____

Are you enrolled in one of Wisdom University's Academic Programs and wish to also receive credit for certificate classes toward and academic degree? Yes_____ No_____

If yes, which academic program? DMin____ PhD____ MA of Wisdom Studies_____ MA Art and Healing_____

General Application Requirements:

- **Essay**: One page reflecting your interest and experience in material of the program including how you plan to use your certificate.
- Two Letters of Recommendation; One can be personal. One <u>MUST</u> be from a professional who can attest your suitability for the chosen program.
- Non-Refundable Application fee of \$75.00

Student Signature:	Date:	

WISDOM UNIVERSITY OFFICIA	L USE ONLY	
Payment Type/Date: Check# (If applicable):	Amount:	
Registrar Signature:		Date:

Return this form with payment to:

Wisdom University Registrar 1111 S. Orchard Street, Suite 205 Boise, ID 83705