

**APPLICATION FOR ADMISSION**  
**CALIFORNIA INSTITUTE FOR HUMAN SCIENCE**  
**Graduate School and Research Center**

Non-Refundable application fee (required):  \$65 U.S. citizens and legal U.S. residents  
 In-residence degree program applicants / All online degree program applicants  
 \$250 Int'l applicants for in-residence degree programs

Please indicate the degree program for which you are applying:

- |  |   |
|--|---|
| <input type="radio"/> M.A. General Psychology                  | <input type="radio"/> Ph.D. Clinical Psychology                   |
| <input type="radio"/> M.A. Psychology - MFT Licensure Track    | <input type="radio"/> Ph.D. Clinical Psychology – Licensure Track |
| <input type="radio"/> M.A. Life Physics                        | <input type="radio"/> Ph.D. Life Physics                          |
| <input type="radio"/> M.A. Comparative Religion and Philosophy | <input type="radio"/> Ph.D. Comparative Religion and Philosophy   |
| <input type="radio"/> M.A. Integral Health                     | <input type="radio"/> Ph.D. Integral Health                       |
| <input type="radio"/> B.A. Integral Studies                    |   |

Name:

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|  |  |        |             |
|--|--|--------|-------------|
| Last/Family  | First  | Middle | Maiden Name |
| Birth Date: ____/____/____ Social Security # ____-____-____  |  |        |             |
|  | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Single <input type="radio"/> Married<br>MM DD YY |        |             |
| Birth Place: _____ Legal Residence: _____ Citizenship: _____ |  |        |             |

Current U.S. Address:

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|   |       |      |                |
|---|-------|------|----------------|
| Street  | Apt.# | City | State/Zip Code |
| Permanent Address (complete only if different from above. Please indicate country – do not abbreviate): |       |      |                |

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Tel. (H): \_\_\_\_\_ (W) \_\_\_\_\_ Fax.: \_\_\_\_\_ e-mail: \_\_\_\_\_

In case of emergency, please contact:

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|  |              |  |
|--|--------------|--|
| Name   | Relationship | Address (only if different from permanent address) |
| Tel.(H): _____ (W) _____ Fax.: _____ e-mail: _____ |              |  |

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Date you wish to enroll: Quarter \_\_\_\_\_ Year \_\_\_\_\_

How did you hear about the Institute? \_\_\_\_\_

Are eligible for VA benefits?  Yes  No

Have you ever applied, been admitted, or enrolled at this institute before?  Yes  No

English proficiency requirement met by (International students only):

- TOEFL score dated within 12 months of the admission date. Score: \_\_\_\_\_ Date: \_\_\_\_\_
- Graduation from English-speaking college/university in an English-speaking country
- Completion of an approved English language school

Mail my I-20 to:  U.S. Address  Foreign Address

Current Visa:  F-1  F-2  J-1  B-1  B-2  Other \_\_\_\_\_

List in chronological order all colleges and universities attended, including professional schools:

| Name & Location of Institution | Dates of Attendance | Major | Degree(s) Conferred & Date |
|--------------------------------|---------------------|-------|----------------------------|
|                                |                     |       |                            |
|                                |                     |       |                            |
|                                |                     |       |                            |

Voluntary Information: Please indicate country of origin: \_\_\_\_\_

Student Signature

Date

## APPLICATION CHECKLIST

This checklist is designed: 1) as an aid to you in recording your progress in the admissions process, and 2) as a way for you to indicate to our office that all the required documentation have been requested and are in route to CIHS. When we have all the required paperwork, we will evaluate your application.

### U.S. NATIONAL STUDENTS ONLY

- APPLICATION FEE - \$65.00
- REGISTRATION FEE (ONE TIME) - \$175.00
- APPLICATION FOR ADMISSION
- A CURRENT RESUME
- STATEMENT OF PURPOSE / LETTER OF INTENT  
A written narrative which discusses why you are attracted the degree program for which you are seeking admission at the institute. The narrative should address the overall thrust of the program as you see it as well as coursework as depicted in the course descriptions provided on our website (or catalog). Suggested length of narrative: five pages, double-spaced (e-mail or mail).
- TRANSCRIPT REQUEST FORM(s) have been sent to previous colleges and universities
- Two letters of recommendation from individuals who are in a position to address your academic and/or professional qualifications (via mail, not e-mail).
- A representative term paper or other sample of written work completed at a university, professional setting, or work setting (e-mail or mail).

When your paperwork is completed it will be evaluated and you will be informed of the status of your application. In some cases, you may be asked to come to the Institute for an interview

### INTERNATIONAL STUDENTS ONLY

- NON-REFUNDABLE APPLICATION FEE - \$250.00.  
Please include a check or money order, payable to CIHS in the amount of US\$125.00. If you prefer to charge on MasterCard or Visa, please be sure to include full account number, its expiration date and the exact name on the card.
- REGISTRATION FEE (ONE TIME) - \$175.
- APPLICATION FOR ADMISSION
- Two letters of recommendation from individuals who are in a position to address your academic and/or professional qualifications (via mail, not e-mail).
- STATEMENT OF PURPOSE  
A written narrative which discusses why you are attracted the degree program for which you are seeking admission at the institute. The narrative should address the overall thrust of the program as you see it as well as coursework as depicted in the course descriptions provided on our website (or catalog). Suggested length of narrative: five pages, double-spaced (e-mail or mail).
- OFFICIAL TRANSCRIPTS  
Please provide transcripts of all higher education experience. All transcripts must be originals. For faster service on non-English – language transcripts include a notarized translation with original transcripts. Use the Transcript Request Form in this packet to request transcripts from U.S. institutions. (You may photocopy it).
- INTERNATIONAL STUDENT AFFIDAVIT OF SUPPORT  
Please complete the form in this packet and provide required signatures.
- BANK LETTER  
Please include a letter from your bank or your sponsor's bank which must: (a) be the original, photocopy not accepted; (b) be in English; (c) contain no alterations; (d) be dated within six months of your admission date; (e) state the current account balance (a minimum of US\$25,000.00 is required).
- ENGLISH PROFICIENCY REQUIREMENT  
Please provide proof of one of the following:  
(a) TOEFL Score \_\_\_\_\_ with in 12 months of admission. OR (b) Proof of completion of a degree program in the U.S. or another English-speaking country OR (c) Proof of completion of an approved English language school.
- PROOF OF MEDICAL INSURANCE  
For at least the first three (3) quarters of study. (Medical insurance may be purchased after arrival in the U.S. No student will be permitted for enrollment until proof of medical insurance is received.)  
Student currently residing in the U.S. must provide the following additional documents:
  - COPY OF EXISTING I-20 (front and back)
  - COPY OF YOUR I-94 CARD (front and back)
  - PASSPORT: Copies of name page, page with expiration date and visa page