



www.EnergyMedicineUniversity.org

APPLICATION FORM & ADMISSION REQUIREMENTS CHECK LIST

Postal mail all admission items. Include the non-refundable application fee of \$100 USD as a check or international money order. No credit card payment accepted for the application fee.

Postal Mailing Address: Mail all documents to our Post Office Box.

Do not post to street address.

Energy Medicine University

Post Office Box 564

Mill Valley, California 94942 USA

Phone: 415.331.1011 Fax Number: 415.381.1080

ADMISSION REQUIREMENTS CHECK LIST

Postal mail all admission items. Include the non-refundable application fee of \$100 USD as check or international money order. No credit card payment accepted for the application fee.

- ✓ Submit completed admissions application found on the following pages.
- ✓ Two letters of recommendation from people who have direct knowledge of your academic and professional performance. These letters are to be sent directly from your sponsors to EMU. Please give the "Recommendation and Letter Request Form" found at the last page of this application to each of your sponsors.
- ✓ *If applicable*: Two letters of verification from people who employ or supervise your internship in your field of energy medicine. These letters are to be sent directly from your sponsors to EMU. Please give the "Recommendation and Letter Request Form" found at the last page of this application to each of your sponsors.
- ✓ **Personal introduction/biographical letter** – this is given to each of your professors.
- ✓ Submit your current resume or curriculum vita.
- ✓ Narrative paper addressing the six questions asked in the application for admissions form.
- ✓ Submit an academic writing sample.
- ✓ Submit two recent passport size photographs for student ID card. Or digital photo.
- ✓ Enclose the non-refundable application fee of \$100 USD check or international money order. No credit card payment accepted for the application fee.
- ✓ Print out, sign and enclose the EMU "Signature Form" found on the last page.
 - NOTE:: All official transcripts and documents as well as letters of recommendation and prior internship verification must be sent to the University's administrative office directly from applicant's sponsors and degree and internship institutions.
 - NOTE:: If it is close to the start of a semester and you would like to expedite your admissions also email the "Application for Admission", your Curriculum Vitae, and other supporting documents to email address: Registrar@EnergyMedicineUniversity.org

EDUCATION: Attach your current Curriculum Vitae.

Please list below all schools attended (if more room is needed, please provide attachment).

High School _____ Year of Graduation _____ GED _____

Street Address _____ City _____ State ____ Zip _____ Telephone _____ Website _____

College _____ Last Grade Completed _____ Did you graduate? Yes No Degree/Major _____

College _____ Last Grade Completed _____ Did you graduate? Yes No Degree/Major _____

SPECIALIZED TRAINING

Please list below all schools attended (if more room is needed, please provide attachment).

School (Trade, Vocational) _____ Date Completed Studies _____

Courses _____

Street Address _____ City _____ State ____ Zip _____ Telephone _____ Website _____

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Courses _____

Street Address _____ City _____ State ____ Zip _____ Telephone _____ Website _____

INTRODUCTION NARRATIVE PAPER:: Write full responses in narrative form on a separate sheet of paper addressing these six questions:

1. Explain why you want to enter or further your training in this field.
2. What prompts your application at this time?
3. How did you become interested in this field?
4. What are your planned career goals - short and long term?
5. Are there any obstacles that may hinder your starting and completion of this program? Please explain.
6. Are you applying to enter the Master, Doctorate, Combined or Certificate program? And which Concentration?

I DECLARE THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE, AND COMPOSED WHOLLY BY MYSELF. THE ABOVE INFORMATION IS CONSIDERED PRIVATE AND IS FOR INTERNAL USE BY ACADEMY/UNIVERSITY ONLY. THE ACADEMY/UNIVERSITY MAY USE ANY PORTION OF THE ABOVE INFORMATION IN CONSIDERING THE ADVISABILITY OF MY ADMISSION. ANY WILLFUL MISREPRESENTATION IN THESE ANSWERS MAY DISQUALIFY ME EVEN AFTER ACCEPTANCE FOR ADMISSION. PHOTOGRAPHS ARE OCCASIONALLY TAKEN IN THE SCHOOL SHOWING STUDENTS AT WORK AND BECAUSE I MAY APPEAR IN SUCH PHOTOGRAPHS, I HEREBY GIVE PERMISSION FOR THEM TO BE USED FOR SCHOOL PUBLICITY AND ADVERTISING.

✓ Student Print Name _____

✓ Student Signature _____ Date _____

FOR ADMISSIONS USE ONLY

Enrollment Date _____ Test _____ Score _____

Comments _____

Admissions Representative _____ Approved by _____

Energy Medicine University Signature Form

Please read, sign and email or postal to:

Energy Medicine University PO Box 564, Mill Valley, California 94942 USA

Email: Registrar@EnergyMedicineUniversity.org

University Catalog

I have read a copy of the University catalog and the website that contains the rules, regulations, course completion requirements, and costs for the specific course/program in which I am applying. The information I have supplied on my application is true and accurate. I give EMU permission to verify my records and information for entrance into the program.

Print Name: _____



Student Signature & Date:

Notice Concerning Transferability of Units

Units you earn in our programs in most cases will probably not be transferable to any other college or university. For example, if you entered our school as a freshman, you will still be a freshman if you enter another college or university at some time in the future even though you earned units here at our school. In addition, if you earn a certificate of completion in any of our programs, in most cases it will probably not serve as a basis for obtaining a higher level degree at another college or university.

Students seeking to transfer credits earned at the Academy/University to another institution should contact the other institution to which they seek admission to inquire as to that institution's policies on credit transfer.

Print Name: _____



Student Signature & Date:

School Performance Fact Sheet

I have read the Energy Medicine University School Performance Fact sheet.

Print Name: _____



Student Signature & Date:

Administrator Signature & Date:



ENERGY MEDICINE UNIVERSITY

Recommendation and Letter Request Form

Student Name: _____

Degree Sought:

Masters in Integrative and Holistic Health

PhD in Integrative and Holistic Health

Combined Masters/PhD in Integrative and Holistic Health

Certificate Program

Three parts to be completed by the Recommender

1. Complete Assessment Overview
2. Attach a sheet to this form to provide us your personal impression of the applicant, including the context of your relationship.
3. Please mail this completed form and letter to Admissions at Energy Medicine University.

Assessment Overview

	Outstanding	Excellent	Good	Below Average	Unable to Judge
Intellectual Ability					
Psychological Maturity					
Emotional Stability					
Interpersonal Skills					
Imagination/Creativity					
Research & Writing Skills					
Readiness for Graduate Study					
Personal Character					

Recommender's Name (Please Print) _____

Position or Title _____

Institution or Organization _____

Address _____

Website _____

Signature _____

Date _____

- ✓ *Return this form and your letter to:*
 Energy Medicine University - Admissions
 P.O. Box 564
 Mill Valley, California 94942 USA