



### **Administrative Office**

Sausalito, California 94965 USA • Phone 415-331-1011 • Fax 415-331-9293

### **Mailing Address**

PO Box 564 • Mill Valley, California 94942 USA

### **Website**

[www.EnergyMedicineUniversity.org](http://www.EnergyMedicineUniversity.org)

## **Application and Admission Requirements**

- **Non-Degree Certificate Program**
- **Single Classes**

### **ADMISSION TO THE CERTIFICATE PROGRAM**

Applicants must meet the general admissions requirements of the University, as well as specific requirements of the Certificate program. General requirements: Fluency in computer, email and Internet usage and current Microsoft Word program. Fluency in the English language. Access to college-level library resources.

The Certificate Program is open to non-degree and post-doctorate students, and High School graduates. Certificate students may choose to take one course or many. If an Integrative Holistic Health Certificate is the goal: the Certificate program is 18 semester credit hours. EMU offers two five-month semesters per calendar year commencing the first of September and March. Students may enroll in one or more courses per semester.

Each of the six courses earns 3 semester credits. Certificate program requirements are is satisfied after completion of 18 credits of coursework. Tuition is \$400 per credit unit; plus non-refundable application and registration fees.

Upon advisement of the admissions committee, for students matriculating into a degree program, certificate courses may satisfy degree electives. Note: Admission to the degree program is separate from enrollment as a non-degree/certificate student.



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**APPLICATION TO THE CERTIFICATE PROGRAM CHECKLIST**

The following items are required from each Certificate Program applicant for the admissions process:

- \_\_1. Submit completed admissions application (see last pages of school catalog) with \$100 check or money order. This is a non-refundable application fee.
- \_\_2. Submit two recent passport size photographs for student ID card. These may also be emailed as a digital jpg file.
- \_\_3. Official transcripts postal mailed from the institutions of completion: High School diploma, AA, college, University, diplomas, courses, or other post-secondary education. Applicants must be high school graduates or have the equivalent education as indicated by a GED diploma. ONLY TRANSCRIPTS FROM THE HIGHEST LEVEL DIPLOMA/DEGREE COMPLETED NEED BE SENT. NOT ALL TRANSCRIPTS.
- \_\_4. Autobiographical statement: A narrative letter of introduction describing your academic and career goals as well as your personal interest in the field of Holistic Health/Energy Medicine. Or a description of your established competency in a Holistic Health/Energy Medicine specialty as a professional career, educational study, or mentorship/internship program.
- \_\_5. Submit current resume and/or curriculum vita.
- \_\_6. Submit academic writing sample.
- \_\_7. Request: 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 the Registrar. Please give the "Recommendation and Letter Request Form" found on the last page to each of your sponsors.
- \_\_8. Read the EMU School Catalog and other required documents. Sign and postal mail the "Signature Form" found within this admissions paperwork.
- \_\_9. Initial all pages and sign in two places the School Performance Fact Sheet (SPFS) and submit.
- \_\_10. Complete, score and submit the "Distance Education Questionnaire".
- \_\_11. Interview with the Admissions Committee.



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CERTIFICATION PROGRAM CONCENTRATIONS

Certificates are available to both matriculated and non-matriculated/non-degree seeking students in any of the Concentrations listed below. To earn a certificate, students need to complete the six 3-credit certificate courses in one of the Concentrations.

Students will earn 18 semester units with completion of the certificate program.

See School Catalog for complete listing of courses within these Concentrations:

- Integral Psychology
- Medical Intuition
- Bioenergetics
- Bioenergy Economy
- Biophysics
- Organizational Transformation
- Intuitive Counseling
- Energy Psychology
- Spirituality & Health
- Hermetic Disciplines
- Consciousness and Nature
- Consciousness and the Creative
- Controlled Remote Viewing
- Energy Medicine (this concentration consists of student taking Ethics and the Law in Energy Medicine and choosing five other courses from EMU offerings)



## 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](mailto:Registrar@EnergyMedicineUniversity.org)

### **School Catalog**

I have read a copy of the School 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 the School 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:  
\_\_\_\_\_

### **Student Performance Fact Sheet**

I have read the School Performance Fact sheet.

Print Name: \_\_\_\_\_



Student Signature & Date:  
\_\_\_\_\_

Administrator Signature & Date:  
\_\_\_\_\_



## 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/Single Course

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

### Assessment Overview

**Three parts to be completed by the Recommender**

- 1 **Complete Assessment Overview**
- 2 **Attach a letter to this form to provide us with your personal impression of the applicant, including the context of your relationship.**
- 3 **Please mail this completed form...**
- 4 **Along with your personal letter to Admissions Office.**

\_\_\_\_\_  
**Recommender's Name (Please Print)**

\_\_\_\_\_  
**Position or Title Institution or Organization**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Signature & Date**

**Return this form along with your personal letter to:**  
**Energy Medicine University - Admissions**  
**PO Box 564**  
**Mill Valley, California 94942 USA**



## APPLICATION FOR ADMISSION

**PERSONAL**

Print Full Name \_\_\_\_\_  
 \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Maiden \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_ Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone-Home (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
 Telephone-Work (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
 Website \_\_\_\_\_  
 Cell Phone (\_\_\_\_\_) \_\_\_\_\_ SSN \_\_\_\_\_  
 In case of emergency, please notify: \_\_\_\_\_  
 \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_  
 \_\_\_\_\_ Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If not a US Citizen or a Permanent Resident, will you require a Student Visa?  Yes  No **EMU does not provide student visas.**

If a Permanent Resident, given your Alien Registration Number as shown on your Immigration Form 1-551 \_\_\_\_\_

**EMPLOYMENT HISTORY** (if more room is needed, please provide attachment).

EMPLOYER	ADDRESS Street, City, State, Zip	Date Began	Date Ended	Position Held	Describe Duties
Name Phone Website					
Name Phone Website					
Name Phone Website					
Name Phone Website					



**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 \_\_\_\_\_

School (Trade, Vocational) \_\_\_\_\_ Date Completed Studies \_\_\_\_\_

Courses \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Website \_\_\_\_\_

**INTRODUCTION 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 \_\_\_\_\_