# CERTIFICATE PROGRAM APPLICATION

HOLOS UNIVERSITY GRADUATE SEMINARY

**CONTACT INFORMATION:**

Name: _____ _____ _____
First Initial Last
Address: _____
City: _____ State: _____ Zip/Postal Code: _____
Country: _____ Date of Birth: _____
Home Phone: ( ) _____ Work Phone: ( )_____
Fax: ( ) _____ E-mail: _____
Website: _____
TRACK: Medical & Counseling Intuition _____ Transformational Psychology _____
Integrative Healthcare: _____ Spiritual Direction _____ Holistic Health Practice _____

BE SURE to enclose application fee of $50 U.S. or an international Money Order. This is not refundable. Thank you.
Application Fee: $50.00 (mark one): Credit Card _____Check _____Money Order_____

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The information supplied on my application is true and accurate. I give permission for HU to verify and confirm any aspect of the information provided on this form and on supporting materials. All work submitted to HU is my own, except where clearly stated to the contrary. I understand and accept that if at any time it is demonstrated that I have misrepresented myself or my work, I may be dismissed from HU with no refund of fees paid, and any certificates(s) awarded may be rescinded. I acknowledge that this application is void after six months.

Signature _____ Date _____

CHECK LIST OF INCLUSIONS:

**A letter describing your specific interests and experience with various aspects of the Track you are entering, both professional and other.**

**Application fee of $50 U.S. Master Card, Visa, or check. U.S. or international money order.**

MAIL, FAX, or E-mail APPLICATION TO:
5607 South 222nd Road
Fair Grove, MO 65648
Telephone: 888-272-6109
Fax: 888-528-0746
E-mail: registrar@holosuniversity.org
**Website:** www.HolosUniversity.org

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