

APPLICATION FOR ADMISSION
CALIFORNIA INSTITUTE FOR HUMAN SCIENCE

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:

☐ B.A. Integral Studies

☐ M.A. Comparative Religion and Philosophy

☐ M.A. General Psychology

☐ M.A. Integral Health

☐ Ph.D. Clinical Psychology

☐ Ph.D. Clinical Psychology – Licensure Track

☐ Ph.D. Comparative Religion and Philosophy

☐ Ph.D. Integral Health

Name:

Last/Family First Middle Maiden Name
Birth Date: ____/____/____ Social Security # ____ - ____ - ____ ☐ Male ☐ Female ☐ Single ☐ Married
MM DD YY
Birth Place: _____ Legal Residence: _____ Citizenship: _____

Current U.S. Address:

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

Tel. (H): _____ (W) _____ Fax.: _____ e-mail: _____

In case of emergency, please contact:

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

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