



ENERGY MEDICINE UNIVERSITY 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: For EMU documents

Academy of Intuition Medicine ® & Energy Medicine University

Post Office Box 564

Mill Valley, California 94942 USA

Phone: 415-331.1011

Fax Number: 415-331-9293

Website: www.EnergyMedicineUniversity.org

- Submit completed admissions application found on the following pages.
 - Evidence of H.S. diploma or GED Diploma for distance education certificate program; and for all distance programs transcripts of all prior post-high school study (Vocational, AA, Bachelors, Masters) sent directly from the degree-granting institutions to EMU.
 - 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 five questions asked in the application for admissions form.
 - Submit an academic writing sample.
 - Submit two recent passport size photographs or digital photo for student ID card.
 - Enclose the non-refundable application fee of \$100 USD check or international money order. No credit card payment accepted for the application fee.
 - Read required documents, then print out, sign and enclose the EMU “Signature Form” found on the last page.
 - Initial all pages and sign in two places the School Performance Fact Sheet (SPFS) and submit
 - Complete, score and submit the “Distance Education Questionnaire”.
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- 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



EMU 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					



ENERGY MEDICINE
UNIVERSITY

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.

Which program are you applying to? ____ Single Course ____ Certificate ____ Transfer credits to Degree

If applicable, which Concentration are you pursuing? _____

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 _____



Academy of Intuition Medicine® & Energy Medicine University Signature Form

Academic Programs

Please read, sign and mail with your admissions paperwork to:

Academy of Intuition Medicine® & Energy Medicine University
PO Box 564, Mill Valley, California 94942 USA

School Catalog

I have read a both the School Catalog found on its website and the contents of the website which have informed me of 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.

✓ **READ AND SIGN:**

Print Name: _____

Student Signature & Date: _____

NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION

The transferability of credits you earn at Academy of Intuition Medicine® & Energy Medicine University is at the complete discretion of an institution to which you may seek to transfer. Acceptance of any diploma, or certificate you earn at this School is also at the complete discretion of the institution to which you may seek to transfer. If the credits, diploma, or certificate that you earn at this institution are not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending Academy of Intuition Medicine® & Energy Medicine University to determine if your credits, diploma or certificate will transfer.

Academy of Intuition Medicine® & Energy Medicine University has not entered into any transfer agreement with other colleges or universities that provide for credits earned in any program of instruction.

✓ **READ AND SIGN:**

Print Name: _____

Student Signature & Date: _____

School Performance Fact Sheet

I have read the School Performance Fact sheet.

✓ **READ AND SIGN:**

Print Name: _____

Student Signature & Date: _____

Administrator Signature & Date: _____



Academy of Intuition Medicine® & Energy Medicine University

Academic Programs

Recommendation and Letter Request Form

Student Name: _____

Three parts to be completed by the Recommender

1. Complete Assessment Overview
2. Attach a letter to this form that provides us with your personal impression of the applicant, including the context of your relationship.
3. Please mail this completed form and letter to: Admissions - 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 Personal Letter to:**

Academy of Intuition Medicine® & Energy Medicine University– Admissions

P.O. Box 564 Mill Valley, California 94942 USA