

Master's Degree Yoga Therapy Application for Admission



7750 Montpelier Road
Laurel, MD 20723
www.muih.edu
410-888-9048 ext. 6647
admissions@muih.edu

Please check desired start date:

January 2015

September 2015

Personal Information (Please type or print legibly in ink)

Full Legal Name (last) _____ (first) _____ (middle) _____

Home Address _____

City _____ Home Phone (_____) _____

State _____ Zip _____ Cell Phone (_____) _____

County (if in MD) _____ Office Phone (_____) _____

Social Security Number _____ E-mail Address _____

Birthdate (mm/dd/yyyy) _____ Gender (check one) female male

Nickname _____

Other name(s) you have used in school(s) you have attended _____

Have you previously applied to Maryland University of Integrative Health? Yes No If Yes, Year: _____

Program: _____

Emergency contact: Name _____

Address _____

Daytime phone (_____) _____ Relationship _____

Ethnic origin (optional; for statistical purposes only)

American Indian/Alaskan Native Asian/Pacific Islander Black/African American

Hispanic White/Caucasian Other

Have you ever been convicted of a criminal act? _____ If so, please explain on a separate sheet.

How were you referred to Maryland University of Integrative Health? (choose all applicable & explain)

Person: graduate student staff/faculty family/friend please provide name(s) _____

Advertisement _____

Organization _____

Event (ex. workshop, fair) _____

www.muih.edu

Other _____

Citizenship

Are you a United States Citizen? Yes No

Non-U.S. citizens only:

Country of citizenship _____ City and country of birth _____

What is your first language? _____ What type of U.S. visa do you currently hold? _____

Are you a permanent U.S. resident? _____ Alien # _____

What type of immigration status do you plan to hold while at MUIH? _____

Are you planning to request an I-20 Form for an F-1 student visa? _____

Should you be admitted academically, you will be requested to complete the international student application I-20 Form and submit appropriate documentation to be considered for an F-1 visa.

Professional History

Please attach a current resume.

Current Occupation

Check one box that best represents your field of work, and fill in your job title.

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Business | <input type="checkbox"/> Law |
| <input type="checkbox"/> Education | <input type="checkbox"/> Science |
| <input type="checkbox"/> Government/Military | <input type="checkbox"/> Student |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Other |

Job Title (please describe): _____

Yoga Teacher Background

When did you complete your 200-hour teacher training (or equivalent)? _____

From where? _____

Please also include:

1. A copy of your RYT200 card from the Yoga Alliance or your certificate of completion from another program.
2. A detailed description of your experience teaching yoga emphasizing the amount of time that you have served as a yoga teacher. Please include the total number of hours you have taught yoga and references for your teaching experience. If you have taught for fewer than 500 hours, please list the following information for your classes: location of class, day/time, number of students (average), class title, length of class.
3. Please supply one professional reference who can verify your teaching experience. If you have only been working as a sole practitioner, the reference should come from a mentor or person who directed the teacher training program you completed.

Educational History

Please list in chronological order all institutions of higher education where you have earned or are earning a degree, indicating dates of attendance, degree earned, major or concentration, and date of earned or expected degrees.

Degree	Institution	Dates of Attendance From To	Major/ Concentration	Date Degree Conferred

Application Essay

On a separate sheet of paper please answer the following questions. Feel free to write anything additional, personal or professional, that you think would be helpful in our consideration of your application. Please do not exceed two typed pages.

1. Why are you interested in the Yoga Therapy program at MUIH?
2. What are your long range professional goals?
3. Please tell us about any previous training or experience related to the Yoga Therapy program (For example, apprenticeships, consultations, certificate programs, prior work experience)?
4. Please describe your personal yoga practice emphasizing the length of time that you have been engaged in a personal yoga practice.

Admission Requirements

Please review the admission requirements as outlined online at www.muhih.edu/admissions/admission-requirements.

Application Signature

I certify that the information I have provided is complete and accurate. I authorize Maryland University of Integrative Health to make reasonable inquiry as to the accuracy of information provided in this form. I understand that MUIH reserves the right to request additional information. I realize that the falsification of any information may be grounds for denial or dismissal.

Applicant's Signature _____ Date _____

Application Submission Checklist

- An application is complete when all of the following have been received:
 - Completed application form
 - Application essay
 - Resume
 - Application fee (see below for payment options)
 - Official transcripts (required for your bachelor's degree and all degrees earned beyond a bachelor's)
- Please order official (unopened) transcripts as soon as possible and have all documentation and transcripts sent directly to:

Office of Graduate Admissions
Maryland University of Integrative Health
7750 Montpelier Road
Laurel, MD 20723

Application Fee

- I am enclosing a check or money order, made payable to Maryland University of Integrative Health
- I authorize MUIH to charge to the credit card below:
 - U.S. \$95 Application Fee (master's programs)
 - U.S. \$150 Application Fee (for applications received after July 1 for the September start date, after November 1 for the January start date, and February 1 for the April start date)

Visa MasterCard

Account number _____

Expiration date (month/year) _____ 3-digit Security Code _____

Signature and date _____

Name on card (please print legibly) _____