

# CALIFORNIA COLLEGE OF AYURVEDA

## Application for Admission

### PERSONAL INFORMATION

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Other name(s) which may appear on documentation \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (day) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (eve) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

S.S.# \_\_\_\_\_ Email address \_\_\_\_\_

U.S. Citizen/Permanent Resident  Yes  No If no, please complete the next line:

Country of Citizenship \_\_\_\_\_ Visa Type \_\_\_\_\_ Issue Date \_\_\_\_\_

Current Occupation: \_\_\_\_\_ Employer \_\_\_\_\_

Emergency Contact : Name \_\_\_\_\_

Telephone (day) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (eve) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Where I heard about CCA: **Facebook** \_\_\_\_\_ **Google Search** \_\_\_\_\_ **Friend** \_\_\_\_\_

**Other** (please specify) \_\_\_\_\_  
(If a CCA student or graduate, please indicate name)

Would you like to subscribe to our newsletter? \_\_\_\_\_

### EDUCATIONAL INFORMATION

Do you have a high school diploma or equivalency?  Yes  No  
(Documentation for verification is required with application submission)

Regardless of whether you earned a degree, please list all post-secondary schools which you have attended.

Name/Address	Degree	Dates Attended
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_____		
_____		
_____		

Please list additional professional training you have received.

Name/Address	Type of Training	Dates Attended
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**Application for Admission**

***HOBBIES/INTERESTS***

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**Enrollment Preference-** Please check which program and level you would like to enroll in

***Location and Start Date-***

**Grass Valley**

- Extended Weekend (March 20\_ )
- Live Internet Class held simultaneously with Weekend Class above
- Full Time (October 20\_ )
- Live Internet Class held simultaneously with Full Time Class above

**Cerritos**

- Extended Weekend (March 20\_ )
- Full Time (October 20\_ )

**Distance Learning-** Please enter desired start date\_\_\_\_\_ (first day of month and year)  
***(Applications must be received a minimum of 3 weeks prior to requested start date)***

**Program Level-**

Ayurvedic Health Educator Program (Level One)

\*Placement Exam (prior approved Ayurvedic Course work required)

\*must complete prior level/s to enroll or test out of prior level.

I affirm that the information I have provided is accurate to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Note: Upon approval of the application, a pre-enrollment interview must be scheduled with the Enrollment Director before enrollment documents are sent. All students will have the opportunity to speak by phone with CCA founder Dr. Marc Halpern in a prospective student teleconference. Please contact the Enrollment Dept to schedule at 866-541-6699 ext. 211.*

Please answer the following questions about your contact with us:

Have you ever attended a teleconference with Dr. Marc Halpern? Yes \_\_\_ No \_\_\_

Have you had a phone consultation or tour of CCA? Yes \_\_\_ No \_\_\_

Have you visited the CCA and had a tour with a Staff member? Yes \_\_\_ No \_\_\_

**Please mail your completed application with a \$55 non-refundable application fee to the California College of Ayurveda, 1117A East Main St., Grass Valley, CA 95945 or fax it to 530-274-7350. You may call in your application payment at 866-541-6699 ext 0.**

Revised: 8/25/09