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| Application for Admission Graduate Certificate in Integrative Holistic Health and Wellness |  |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Local Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Cell Phone |  |
| E-Mail Address |  |
| Student WIN |  |

## Previous Education

|  |  |
| --- | --- |
| Do you have a Bachelor’s degree? | □ YES or □ NO |
| Institution Awarding Degree |  |
| Date Awarded |  |
| Area of Study |  |
|  |  |
| Do you have a Master’s degree? | □ YES or □ NO |
| Institution Awarding Degree |  |
| Date Awarded |  |
| Area of Study |  |
| Are you currently enrolled in a graduate program? | □ Currently enrolled □ Applying to Kalamazoo □ Grand Rapids □ Traverse City □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Have you taken HOL 5310? | □ YES or □ NO |
|  | □ Semester/Year \_\_\_\_\_ Instructor \_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_ |
| Have you submitted the Graduate Admission application or the non-degree status application to Admissions? | Did your submission include your transcripts and application fee as noted on the application? □ YES or □ NO |

## Part II: Application for Admission

For the following questions, please type your responses on a separate piece of paper and attach to your application. Include your name on the top of the sheet. Utilize as much space as you need.

1. Please include your most recent resume or list your work experience during the last five years. Begin with present or most recent employment: include position, firm/agency, supervisor, dates employed.
2. List membership in any professional or scholastic organization.
3. List any licenses or certifications presently held.
4. Identify your major reasons for seeking admission to the Integrative Holistic Health & Wellness Certificate Program including personal or professional goals which you feel will be more obtainable through your participation in the program. Also, explain how and when you plan to use this training.
5. Do you have a personal commitment to wellness that is demonstrated in your daily activities? Please explain.
6. What work or life experiences have been most significant in the development of your personal and professional commitment to holistic health?
7. List any other courses you have completed or in which you are presently enrolled that are part of the Integrative Holistic Health & Wellness requirements.
8. List any holistic modalities in which you are trained.
9. Please have two individuals submit letters of reference in support of your application. The envelopes must be sealed and the author’s signature must be written across the seal.

## Agreement and Signature

### I authorize the Integrative Holistic Health & Wellness Certificate Program of Western Michigan University to request additional reference information from former employers or others listed in the application. The College of Health & Human Services is authorized to release information submitted in my application or acquired as part of the admission process to agencies in which field placement is being considered, and in response to personal/professional reference requests directed to the college.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Send completed application and letters of reference to:

Integrative Holistic Health & Wellness Certificate Program

1903 West Michigan Ave.

Western Michigan University

Kalamazoo, MI 49008-5212