



Application for Admission for:

Winter 20 _____
Spring 20 _____
Summer 20 _____
Fall 20 _____

Master of Arts in Psychology (MA): Focus on Spiritual Therapy _____
Doctor of Psychology (Psy.D.): Focus on Buddhist Therapy _____
Doctor of Psychology (Psy.D.): Focus on Spiritual Therapy _____

Name: _____
Last First Middle

Mailing Address: _____
Street Address

City State Zip Code

Country

Telephone Number: _____
Home Work Cell

Email Address: _____

Date of Birth: _____

Social Security No.: _____

Name of Employer: _____

Address of Employer: _____

Your Title/Position: _____

Licensures/Certifications: _____

Colleges Attended:

Undergraduate

Name: _____

Address: _____

Dates of Attendance: _____

Major: _____

Degree Awarded: _____

Undergraduate

Name: _____

Address: _____

Dates of Attendance: _____

Major: _____

Degree Awarded: _____

Graduate

Name: _____

Address: _____

Dates of Attendance: _____

Major: _____

Degree Awarded: _____

Graduate

Name: _____

Address: _____

Dates of Attendance: _____

Major: _____

Degree Awarded: _____

Where did you learn about EIPS?

Unofficial Transcripts should be sent in with your application. Upon acceptance, Official Transcripts are required.

I hereby certify that the information presented in this application is true and accurate.
I give permission to EIPS to verify the above if need be.

Dated: _____ Signature: _____

Please include \$75.00 USD application fee with the completed form.

Mail to:

Eisner Institute for Professional Studies
16133 Ventura Boulevard #700
Encino, CA 91436
USA
(818) 380-0185