

If you belong to any fraternal or political organizations, please list names: _____

Do you now, or have you ever, had a drinking or drug problem? _____

Have you ever been convicted of a felony? _____

Have you taught or held credentials to teach or counsel with any religious or metaphysical organizations?

Yes No If Yes, please give names(s) of organizations(s) and length of time you were so occupied:

Childhood religious upbringing was in (religion): _____

Adult religious affiliation has been with (religion/s): _____

How long have you studied metaphysics and related subjects? _____

Please list name and length of time for study/classes from any religious or metaphysical schools or churches:

Please check all of the subjects you have studied:

- Metaphysics Science of the Mind Unity Positive Thinking Meditation Mysticism
 Yoga Comparative Religion Metaphysical Healing Rosicrucian Divine Science
 Abnormal Psychology Old Testament New Testament Vedanta Parapsychology E.S.P.
 Astrology Self-Hypnosis Religious Counseling Psychological Counseling Occult
 Esoteric Philosophy Buddhism Holistic Healing Dream Interpretation Christian Science

Can you type? _____ Public speaking ability (rate 1–10, 10 high): _____

Describe your present health: _____

Note: Please attach a recent photo of yourself for your file and for future identification.

PLEASE READ CAREFULLY AND SIGN

I UNDERSTAND THAT MY CANDIDACY FOR A DOCTORAL DEGREE IN METAPHYSICS IS CONTINGENT UPON MY ESTABLISHING AND MAINTAINING A MINISTERIAL STATUS WITH THE INTERNATIONAL METAPHYSICAL MINISTRY, PARENT CORPORATION OF THE UNIVERSITY OF METAPHYSICS AND THE UNIVERSITY OF SEDONA. I UNDERSTAND THAT I MUST PAY A YEARLY MINISTERIAL ASSOCIATION FEE OF \$60.00 TO COVER ADMINISTRATIVE COSTS OF KEEPING RECORDS. I UNDERSTAND THAT MY MINISTERIAL ORDINATION DIPLOMA, ONCE AWARDED, MAY NOT BY ITSELF CONSTITUTE A LEGAL RIGHT TO PERFORM MINISTERIAL FUNCTIONS IN COMMON WITH ALL OTHER PROFESSIONAL PERSONS IN MY COMMUNITY; I MAY HAVE TO FULFILL CERTAIN STATE OR LOCAL REQUIREMENTS TO PRACTICE MY PROFESSION, AS OUTLINED ON THE LAST PAGE OF THE RESEARCH REPORT, WHICH I HAVE READ THOROUGHLY. I UNDERSTAND THAT MY DOCTORAL DEGREE IS NON-ACADEMIC, AND IS RELIGIOUS IN NATURE LEGALLY. I UNDERSTAND THAT THE UNIVERSITY IN NO WAY GUARANTEES EMPLOYMENT PLACEMENT AS A RESULT OF MY STUDIES.

I FURTHER UNDERSTAND THAT MY TUITION MUST BE PAID IN ACCORDANCE WITH THE TUITION SCHEDULE OUTLINED ON PAGE 14 OF THE RESEARCH REPORT BEFORE I CAN BE AWARDED MY MINISTERS ORDINATION DIPLOMA, PRACTITIONERS DIPLOMA, OR BACHELORS, MASTERS, AND DOCTORAL DEGREES IN METAPHYSICS. ALSO, THAT ALL TUITION PAID IS NON-REFUNDABLE, NON-TRANSFERABLE, AND IF I HAVE AGREED TO ANY STUDENT PAYMENT PLAN OF TUITION, ALL PAYMENTS ARE DUE TO THE UNIVERSITY WHATEVER MY STUDENT STATUS, ACTIVE OR INACTIVE. I ALSO GIVE MY PERMISSION FOR THE UNIVERSITY TO CONTACT THE PERSONAL REFERENCES I HAVE GIVEN ON THIS APPLICATION FORM REGARDING MY CHARACTER. I UNDERSTAND THAT THIS IS A NECESSARY SCREENING PROCESS TO ASSURE THE REPUTATION OF THE UNIVERSITY'S STUDENTS AND GRADUATES.

I THOROUGHLY UNDERSTAND AND ACCEPT THE ABOVE, AND DO HEREBY SUBMIT THIS APPLICATION FOR MY DOCTORAL DEGREE CANDIDACY.

Date _____ Signed _____