



**Post Bachelor's
Graduate Certificate Programs
Application for Admission**

**Tai Sophia
Institute**

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

Please check program of interest:

Transformative Leadership, starting January 2012

Health and Wellness Coaching, starting April 2012

Herbal Studies, starting January 2012

Medical Herbalism, starting January 2012

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 Tai Sophia Institute? Yes No If Yes, Year: _____ Program: _____

Emergency contact: Name _____

Address _____

Daytime phone (_____) _____ Relationship _____

Tai Sophia Institute Use Only

Date Rec'd	App Fee	Essay	Interview	App. Letter	Database	Comm Decision	Enroll Packet	Misc.

Ethnic origin (optional; for statistical purposes only)

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other |

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

How were you referred to Tai Sophia Institute? (choose all applicable & explain)

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

Advertisement: Naturalhealers.com www.tai.edu

Organization: Event (ex. workshop, fair) 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 Tai Sophia? _____

Are you planning on requesting 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): _____

Educational History

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

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

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. Please tell us about any education and/or training you have had related to the graduate certificate to which you are applying.
2. How does the program relate to your future personal and professional goals?

Admissions Requirements

Please review the admissions requirements as outlined in the academic catalog, available online at www.tai.edu.

Application Signature

I certify that the information I have provided is complete and accurate. I authorize Tai Sophia Institute to make reasonable inquiry as to the accuracy of information provided in this form. I understand that Tai Sophia Institute 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
Tai Sophia Institute
7750 Montpelier Road
Laurel, MD 20723

Application Fee

- I am enclosing a check or money order, made payable to Tai Sophia Institute
- I authorize Tai Sophia Institute to charge to the credit card below:
 - U.S. \$50 Application Fee (certificate programs, except Chinese Herbs)
 - Visa MasterCard

Account number _____

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

Signature and date _____

Name on card (please print legibly) _____