

SOUND HEALING AND THERAPY CLASSES

Application for Enrollment

Mail to: Globe Institute 739 Bryant St. San Francisco, CA 94107; or FAX to: (415) 543-7581

This application may also be filled out online at www.SoundHealingCenter.com/application.html

Application Checklist:

- If only taking a class or two we only need this: Completed Application
If taking a whole program of classes we also need: Transcripts from last school, and
 Statement of Purpose - 100-200 word essay about why you want to attend

Date you would like to start: _____

Interested in: Day Evening classes

Class(es) Applying for:

- | | |
|---|----------|
| <input type="checkbox"/> Sound Healing & Therapy Degree Program | \$15,900 |
| <input type="checkbox"/> Sound Healing and Therapy Certificate Program | \$3000 |
| <input type="checkbox"/> Online Sound Healing and Therapy Certificate Program | \$2000 |

- | | |
|---|--------|
| <input type="checkbox"/> Sound Healing Audio Recording and Production | \$3800 |
|---|--------|

Individual Classes Only

- | | |
|---|-------|
| <input type="checkbox"/> Sound Healing and Therapy Overview | \$600 |
| <input type="checkbox"/> BioPhysical Model of Mind, Body, & Spirit | \$100 |
| <input type="checkbox"/> Inner Awareness and Transformation through Sound | \$200 |
| <input type="checkbox"/> Inner Music Theory | \$250 |
| <input type="checkbox"/> The Healing Voice | \$250 |
| <input type="checkbox"/> Tuning Forks | \$50 |
| <input type="checkbox"/> Sound, Rhythm and Healing | \$100 |
| <input type="checkbox"/> Sound and Movement | \$100 |
| <input type="checkbox"/> Sacred Voice | \$100 |
| <input type="checkbox"/> Toning, Chant and Mantra | \$300 |
| <input type="checkbox"/> Resonant Connections | \$350 |
| <input type="checkbox"/> Sacred Geometry | \$200 |
| <input type="checkbox"/> Music of the Quantum Spheres | \$100 |
| <input type="checkbox"/> Sound of Love | \$200 |
| <input type="checkbox"/> Sound Healing and Therapy Labs | \$350 |

Name: _____
 first middle last

Address: _____

City: _____ State: _____ ZipCode: _____

Telephone: Home (_____) _____ Other (_____) _____

Email: _____

How often do you check your email? Everyday Once or twice a week Occasionally

Date of Birth: _____ Current Occupation: _____

Social Security # _____ Drivers License # _____
In Case of Emergency, Notify:

Address: _____ Telephone (____) _____

Parent or Spouse Name:

Address: _____ Telephone (____) _____

Schools Attended

School: _____ Address: _____

Dates of Attendance: _____ Course of Study: _____ Degree: _____

School: _____ Address: _____

Dates of Attendance: _____ Course of Study: _____ Degree: _____

<u>References</u>	Name	Phone	Relationship
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

PERSONAL QUESTIONNAIRE

What would you like to get out of this Program?

What training have you had in the field of health?

Are you a licensed health practitioner?
If so, what is your area of expertise?

Are you a musician or songwriter?
What instrument do you play and at what level of proficiency?

Have you had any formal musical training/education? If so, please describe.

Languages fluent in:

Do you have any physical limitations or disabilities that we should be aware of?