



BARRON UNIVERSITY APPLICATION FOR ADMISSION TO DOCTORATE DEGREE PROGRAM

LAST NAME:		FIRST NAMES:	
Preferred title (Dr, Mr, Mrs, Miss, Ms, Rav., Rev. or other):			
HOME ADDRESS:			
CITY:		STATE:	POSTAL/ZIP CODE:
COUNTRY:			
PHONE (day):		PHONE (evening :)	
FAX:		EMAIL:	
DATE OF BIRTH:			MALE/FEMALE:
HIGH SCHOOL ATTENDED:			
Date of Completion:		Qualifications and grades:	
PREVIOUS COLLEGE OR UNIVERSITY EDUCATION:			
NAME OF COLLEGE:			
Period:		Qualification and grade:	
NAME OF COLLEGE:			
Period:		Qualification and grade:	
NAME OF COLLEGE:			
Period:		Qualification and grade:	
DETAILS OF OTHER QUALIFICATIONS & PROFESSIONAL MEMBERSHIPS:			
1.			
2.			
3.			
4.			
CURRENT VOCATION			
Name and address of employer:			
Position and responsibilities:			
PREVIOUS EMPLOYMENT:			
Name and address of employer:			
Dates:			
Position and responsibilities:			
Name and address of employer:			
Dates:			
Position and responsibilities:			
Name and address of employer:			
Dates:			
Position and responsibilities:			
DO YOU OWN A COMPUTER? Yes/No			
What kind?			
Do you have a connection to the Internet at home? Yes/No			
WHAT DEGREE OR CERTIFICATION ARE YOU SEEKING?			
Level of Degree (Bachelor's, Master's, Doctorate, etc):			
Exact full title of degree:			
If you wish a combined degree state combination here:			
Do you have a portfolio of trainings, courses, miscellaneous study, university credits, and verified Learning experiences that you wish us to evaluate for credit? Yes / No			
(If so, we will send you instructions on how to submit the relevant details)			

ESSAY		
On separate sheets of paper, please write an essay of approximately 500-1500 words describing: <ul style="list-style-type: none"> ➤ your future plans for your path as a Healer/Coach/Psychotherapist, ➤ how a B.U. doctorate degree will assist you on your path, and ➤ how you see yourself as a perfect fit for B.U.'s unique experiential approach to learning and for its international community of pioneering healers. 		
FINANCE		
Do you wish to pay full tuition in advance for 10% discount? Yes / No		
Admission deposit is \$1,975.00. This deposit is refundable in the event of non admission, minus a \$125 processing fee.		
IMPORTANT INSTRUCTIONS ABOUT FEE PAYMENT--PLEASE READ CAREFULLY		
If paying by check, please make checks payable to "B.U." and mail to: Barron University, 21930 Marylee Street, Suite 65, Woodland Hills, California, 91367. Checks should be drawn on local US bank. Most banks world-wide will issue a banker's draft (cashier's check) by arrangement.		
CREDIT CARD PAYMENTS All credit card payments must be in US dollars. Credit card payments accepted world-wide and are placed through PayPal. You may pay securely on-line by credit card.		
Type of card (Mastercard or Visa):		
Card number:	Card Security Code:	Expiry date: (MM/YY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of cardholder:		
Billing address as it appears on credit card statement:		
Amount to be debited (US DOLLARS ONLY) US\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Signature of cardholder:		Date:
<p>DECLARATION: I apply for the course of study indicated above. All details on this form are true and correct. I understand that Barron University is a non traditional distance education university and chooses not to be accredited by an accrediting agency recognized by the United States Secretary of Education. I am satisfied that the University and the eventual qualification are suitable for my needs. I undertake to pay all fees and charges on or before the due date and to abide by the rules and decisions of the University. I understand that this agreement is between Barron University and myself. I agree that the jurisdiction of this agreement and all dealings with the University and/or its representatives or agents shall be the laws of the United States government and the State of Nevada.</p>		
Signature of student:		Date:
Please fax this completed form and necessary enclosures to: 877-282-9355 or email to: dean@gobu.org		