

SOUND HEALING AND THERAPY CLASSES

Application for Enrollment

Mail to: Globe Institute 110 Caledonia St. Ste A Sausalito, CA 94965

or email to David@SoundHealingCenter.com

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

Admission Requirements:

Prospective students must fill out the Application for Enrollment, obtain transcripts or high school diploma (or equivalent), and write a 100 to 200 word essay on why they would like to attend Globe Institute. Each applicant must also take and pass a basic entrance exam. This exam is to determine the student's ability to successfully be trained to perform the tasks associated with the particular area of training. The Institute does not participate in "Ability-to-Benefit" programs.

Prior to entry into the program, every student must produce proof that satisfies the following entry requirements:

- Age 18 or older with a high school diploma or GED equivalent (or turning 18 within the year after HS),
- Valid email and mailing addresses, and phone number,
- A full and working knowledge of English; Students may be denied entry to the program if the Admissions staff determines that upon hearing and understanding spoken English at a conversational pace, the student will have difficulty grasping concepts and taking appropriate action.

Application Checklist:

- ☐ Completed Application
- ☐ Transcripts from last school, and
- ☐ Statement of Purpose - 100-200 word essay about why you want to attend

Date you would like to start: _____

Class(es) Applying for:

- ☐ Sound Healing and Therapy Certificate Program ☐ Summer Intensive Version
- ☐ Online Sound Healing and Therapy Certificate Program
- ☐ Recording Arts and Technology Certificate Program
- ☐ Online Recording Arts and Technology Certificate Program

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:_____

References

	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?