

SOUND HEALING AND THERAPY CLASSES

Application for Enrollment

Mail to: Globe Institute 351 9th St. #202 San Francisco, CA 94103; or FAX to: (415) 551-2481

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:

- Sound Healing & Therapy Degree Program
- Sound Healing and Therapy Certificate Program
- Online Sound Healing Certificate Program

- Sound Healing Audio Recording and Production
- Sound Healing Audio Recording and Production Online

- Summer Intensive

Individual Classes Only

- Sound Healing and Therapy Overview
- Inner Awareness and Transformation through Sound
- Inner Music Theory
- Tuning Forks
- Sound and Rhythm
- Sound and Movement
- Toning, Chant and Mantra
- Resonant Connections
- Sacred Geometry
- Sound of Love
- Sound Healing and Therapy Labs

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?