



# INSTITUTE OF BUDDHIST STUDIES

2140 DURANT AVENUE, BERKELEY, CA 94704-1589  
TELEPHONE 510.809.1444 FACSIMILE 510.809.1443

## Application for the Masters in Buddhist Studies (M.B.S.)

- For Fall 20\_\_  
 For Spring 20\_\_

**Deadline:** February 15  
**Deadline:** September 30

**1. Name:**  Male  Female

Legal Family Name (Surname)	First Name	Middle	Suffix
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Other names that may appear on your records \_\_\_\_\_

**2. Current Address** – Use until: \_\_\_\_\_

Number & Street	City	State/Province	Zip/Postal Code	Country
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Daytime Phone	Mobile Phone	Email
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**3. Permanent Address** (if different than current address)

Number & Street	City	State/Province	Zip/Postal Code	Country
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Daytime Phone	Mobile Phone	Email
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**4. Social Security #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **5. Birthdate** \_\_\_\_/\_\_\_\_/\_\_\_\_ **6. Birthplace** \_\_\_\_\_  
(optional) (month/date/year) (City/State or Country)

**7. Country of Citizenship** \_\_\_\_\_ If permanent resident, alien registration #: \_\_\_\_\_

**8. Race/Ethnic Group Survey:** U.S. Citizens and permanent residents only. *(Optional)*

Are you Hispanic/Latino?  Yes  No

Check all that characterize your race. *(NOTE: Regardless of your answer to the previous question, check one or more)*

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

For office use only

Fee received: Amt \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_



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## 9. Academic Background (Submit two complete, official transcripts from each school attended.)

Institution <i>Most recent first</i>	Location: <i>City and State/Country</i>	Attendance Dates	Degree	Month/Year <i>Degree received/expected</i>	GPA

## 10. Test Scores

 Have you taken the Graduate Record Exam (GRE) general test?  Yes  No

Date of test: \_\_\_\_\_ (If you have not taken the exam, indicate planned test date.)

GRE Scores (if known): Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_ Analytical \_\_\_\_\_

TOEFL Score (if known): \_\_\_\_\_ Date scheduled to take TOEFL exam: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 11. Do you consider your grades and test scores to be an adequate index of your ability? Yes No

If not, please explain your reasons on a separate sheet of paper.

## 12. Languages (indicate the number of years you have studied a language through coursework, self-study, etc.)

Language	Coursework	Self-study	Living Abroad	Study Abroad	Other

## 13. Research Experience (publications, research or special projects completed): \_\_\_\_\_

## 14. Professional Experience (attach additional pages as necessary): \_\_\_\_\_

## 15. Honors and Fellowship (attach additional pages as necessary): \_\_\_\_\_

## 16. Recommenders: List the names and addresses of those writing letters of recommendation in support of your application.

Name	Address
_____	_____
_____	_____
_____	_____

I affirm that the information supplied by me on this application is true and complete to the best of my knowledge, and I understand that misrepresentation is sufficient reason for denial of admission to the IBS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Statement of Academic Purpose

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**Name:** \_\_\_\_\_

**Program/Field of Study:** \_\_\_\_\_

Please provide a concise (approx. 300-500 words) academic statement of purpose that includes the following:

- Your reasons for pursuing graduate studies at the IBS.
- Your specific academic interests and how they fit with the faculty and courses at the IBS.
- Explanation of how your academic background contributes to your proposed study.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_