

INSTITUTE OF BUDDHIST STUDIES
AT THE GRADUATE THEOLOGICAL UNION, BERKELEY
SEMINARY AND GRADUATE SCHOOL
INCORPORATED 1969
2140 DURANT AVENUE, BERKELEY, CALIFORNIA 94704
TELEPHONE 510.809.1444 FACSIMILE 510.809.1443

Buddhism and Contemporary Psychology Certificate Program

Personal Information

Name: Last _____ First _____ MI _____ Title _____

Other names that may appear in your records: _____

Date of Birth (mm/dd/yyyy) _____

Postal Address

Street _____

City _____ State _____ Zip _____

Daytime Phone _____ Other Phone _____

Email Address: _____

Website URL: _____

Prior Graduate Education

1) List all graduate level education:

Academic degree and school issuing: _____

date of completion: _____

Academic degree and school issuing: _____

date of completion: _____

Academic degree and school issuing: _____

date of completion: _____

Psychotherapist/Counseling License

- Clinical License (Type and Number) _____

- If you are not licensed please describe your qualifications and experience e.g. ministerial, chaplaincy, psychologist assistant, MFT/LCSW intern.

Clinical Experience

Type and years of clinical experience:

Position: _____ Dates: _____

Location: _____

Position: _____ Dates: _____
Location _____
Position: _____ Dates: _____
Location _____
Position: _____ Dates: _____
Location _____

Letter(s) of Recommendation

One or two letter(s) of recommendation as needed to attest to the applicant's ability to perform graduate level work.

List the name(s) of your recommender(s)

1 _____
2 _____

Please have recommender(s) send letters to:

Buddhism and Contemporary Psychology Admissions
Institute of Buddhist Studies
2140 Durant Avenue, Suite 30
Berkeley, California 94704

Statement of Purpose

Statement of purpose (approximately 1- 2 double spaced pages) should be written by the applicant and should include:

- o Your reasons for pursuing the certificate including relevance to your clinical work.
- o An outline of your experience with Buddhism (e.g. academic study, participation in Buddhist communities, practice, and/or self-study).

Application Fee:

Non-refundable application fee of \$40.00 made out to the Institute of Buddhist Studies

Signature

I affirm that the information in this application is true and complete to the best of my knowledge and I understand that misrepresentation is sufficient reason for denial of admission.

Signature _____ Date _____

Send completed application to : Buddhism and Contemporary Psychology Admissions
Institute of Buddhist Studies
2140 Durant Avenue, Suite 30
Berkeley, California 94704