



INSTITUTE OF BUDDHIST STUDIES

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

Application for the Certificate in Buddhist Chaplaincy

- 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

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 a certificate in Buddhist chaplaincy.
- Any relevant background and/or academic or professional experience

Signature: _____

Date: _____