

INSTITUTE OF BUDDHIST STUDIES
INCORPORATED 1969
2140 DURANT AVENUE, BERKELEY, CALIFORNIA 94704
TELEPHONE 510.809.1444 □ FACSIMILE 510.809.1443

Kyoshi Certificate Program Application

Term: Fall ___ Spring ___ Year _____

Name _____

Current Address: Street _____

City _____ State _____ Zip _____

Email address: _____ Day Phone _____

Social Security # _____ Birthdate Month _____ Day _____ Year _____

Birthplace _____

Prior Education:

Undergraduate: Name of Institution _____

Degree/Field _____ Year Graduated _____

Graduate : Name of Institution _____

Degree/Field _____ Year Graduated _____

Transcripts of most recent academic degree:

Applicants are to request transcripts be submitted officially by their previous institutions.

Submit transcripts to:

Institute of Buddhist Studies, Attn. Certificate Application

2140 Durant Avenue

Berkeley CA 94704

Letter of recommendation:

A letter of recommendation must be submitted from a temple minister or MAP supervisor.

A letter addressed to the certificate program director summarizing:

- Your interest in the program
- Your experience and training to date in programs such as MAP

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. The Kyoshi Certificate Program provides education only and does not assure that the student will receive Kyoshi Ordination. Separate application to the office of the Bishop of BCA is necessary for permission to move to ordination.

Signature: _____ Date: _____

For office use only: Application fee (\$40): received: date _____ initials _____