

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

Certificate Application (non-degree students)

Term: Fall ___ Spring ___ Year _____

Name _____

Current Address: Street _____

City _____ State _____ Zip _____

Email address: _____ Day Phone _____

Social Security # _____ Birthdate Month _____ Day _____ Year _____

Birthplace _____

Certificate Program for which application is being made:

___ Certificate in Shin Buddhist Studies (director: Dr. David Matsumoto)

___ Certificate in Sōtō Zen Studies (director: Rev. Dr. Daijaku Kinst)

___ Certificate in Theravada Buddhist Studies (director: Dr. Scott Mitchell)

___ Certificate in Buddhist Chaplaincy (director: Rev. Dr. Daijaku Kinst)

___ Certificate in Buddhism and Contemporary Psychology (director: Dr. Richard Payne)

PRIOR EDUCATION

Undergraduate: Name of Institution _____

Degree/Field _____ Year Graduated _____

Graduate : Name of Institution _____

Degree/Field _____ Year Graduated _____

OFFICIAL TRANSCRIPTS MUST BE SUBMITTED

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

Letters of recommendation:

List the names and titles of two persons writing letters of recommendation. *Shin Buddhist Studies should include a letter from their supervising minister as appropriate.*

Distance Students Only: Do you have access to a research library? Yes No

For informational purposes only, not to be used in determining admission.

For office use only: Application fee (\$50): received: date _____ initials _____

Please provide a concise (approx. 300-500 words) statement of your goals for pursuing this Certificate Program that includes:

- Your reasons for pursuing this certificate
- Your experience or prior training (e.g., chaplaincy work, prior education or training, etc.)
- Your goals upon completion of the program

Type here or attach a separate sheet.

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: _____