

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

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

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

\_\_\_ Certificate in Soto Zen Studies (director: Rev. Dr. Daijaku Kinst)

\_\_\_ Certificate in Theravada Buddhist Studies (director: Dr. Gil Fronsdal)

*\* Kyoshi Certificate applicants, please use separate application form available from IBS website.*

I have completed an interview with the program director: \_\_\_\_\_ (initial)

**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.

\_\_\_\_\_  
\_\_\_\_\_

For office use only: Application fee (\$40): 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: \_\_\_\_\_