

**APPLICATION FOR ADMISSION – ADMISSION FORM**  
**APPLICATION FOR PROGRAM: Ayurveda Wellness Consultant**

First Name:	Middle Name:	Last Name:
Address:		
City & State :		ZIP:
Home Phone:		Mobile Phone:
Email:		
Emergency Contact Name & No:		

**Educational History:**

School	Major	Degree/Diploma	Year Graduated

Briefly state why you want to learn Ayurveda or become an Ayurveda Wellness Consultant?	Empty space for the applicant's response
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## Student Agreement

1. Only a limited number of students are accepted into the Program. Admissions are processed on a “First come first served” basis. If the Program is full, students are placed on a waiting list for the next Program. Individuals, who successfully complete the one year Program, along with all its requirements, will be awarded certification as an “Ayurveda Lifestyle Consultant”.
2. Please be sure that you are fully committed for the entire program and that you have financial capability to provide for the program. The program tuition fees do not cover your staying expense and would be the responsibility of the student attending the program.
3. Instructor is only providing education and limited training but cannot license anyone to practice health care. Students should be aware that there is much to learn about being a professional health care provider that that the training does not teach.
4. Registration fee is non-refundable. All money paid will be refunded if the student is not accepted. This includes instances where a starting class is canceled by the instructor.
5. Money will be refunded if the student cancels within five business days (excluding Sundays and holidays) after the day the agreement is signed or an initial payment is made, as long as the training has not started.
6. If the student decides to not continue the program during the course of the program, the student will be refunded on a prorated basis only, if cancelled 5 days before the start of Module 8. No refunds will be issued after a student starts Module 8. The total program hours including teaching hours is 550 hours. Prorated hours will be on the total program hours as decided by the instructor.
7. A cancellation fee of \$250 will be charged if the student decides to cancel the program at any permissible point in the course.
8. Students agree to keep in strict confidence any information about any client that they are directed to work with.
9. If a student is absent from a class/module, the student can make up the class when the module is taught again.
10. Students can sign up for a private one hour session for more detailed training. The charge for a one hour private training is \$100.

I \_\_\_\_\_ certify that all the information on this application is true and correct. I understand that any false or misleading information will void this application. I understand and agree that this course does not guarantee employment or take responsibility for employment or a career in the field of Ayurveda, or any health related field, upon completion of the Program. I certify that I have the ability to finance my education. I understand and acknowledge that whichever payment program is selected, the offering of an installment payment plan is intended merely as a convenience to me and in no way impacts upon my obligation to pay the entire program's tuition unless written notice of cancellation from the program is made. By signing below I agree to the Student Agreement.

Student Signature: \_\_\_\_\_

Date : \_\_\_\_\_

Print Your Name: \_\_\_\_\_

Please print, fill and send your complete Application form along with your  
Registration fee (\$100)

**For Internal use:**

Date of Registration: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Registration fee : [ ] \$  
Payment program:  
One-time payment [ ] \$  
4 Qtrly payments [ ] \$  
Auto pay [ ] \$