

# Admission Application

## (1) Information:

---

**Name**

---

**Street Address**

---

**City, State & Zip Code**

---

**Daytime Phone #**

**Evening Phone #**

**Fax #**

---

**Email Address**

---

**Date of Birth**

**Place of Birth**

**Time of Birth – AM/PM**

(2) Schools attended and/or degrees or certifications earned (post high school):

---

---

---

---

---

## (3) Essay:

Please compose and attach a two-page essay addressing your motivation and interest in attending the Arsenijevic Institute of Consciousness Development. Include a description of how you are doing in your life with a focus on career, family, relationships and spiritual practices.

## (4) Return Application:

Please return your completed application using the enclosed self-addressed envelope or to -

Donna LeRoy, Registrar  
Arsenijevic Institute of Consciousness Development  
233 South 6<sup>th</sup> Street, C-2  
Two Independence Place  
Philadelphia, PA 19106  
Fax – 215-574-8811

Thank you for applying to the Arsenijevic Institute of Consciousness Development. We look forward to your participation in our next class.