

CALIFORNIA COLLEGE OF AYURVEDA

Application for Admission

PERSONAL INFORMATION

Name (Last) _____ (First) _____ (MI) _____

Other name(s) which may appear on documentation _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone (day) _____ - _____ - _____ (eve) _____ - _____ - _____

Best time to call: _____

S.S.# _____ Email address _____

U.S. Citizen/Permanent Resident Yes No If no, please complete the next line:

Country of Citizenship _____

Current Occupation: _____ Employer _____

Emergency Contact : Name _____

Telephone (day) _____ - _____ - _____ (eve) _____ - _____ - _____

Where I heard about CCA: Facebook Google Search Friend

Other (please specify) _____

(If a CCA student or graduate, please indicate name)

EDUCATIONAL INFORMATION

A copy of your High School diploma, transcripts, or equivalent will be needed to complete the admissions process.

Do you have a high school diploma or equivalency? Yes No

High School Diploma:

Name of High School: _____

Address: _____

Date of Graduation: _____

GED/Other equivalency:

Location: _____

Date completed: _____

Regardless of whether you earned a degree, please list all post-secondary schools which you have attended.

School/Address	Degree	Dates Attended
—		
—		
—		
—		

Please list additional professional training you have received including any previous Ayurvedic education.

Name/Address	Type of Training	Dates Attended
—		
—		
—		

Application for Admission

HOBBIES/INTERESTS

—
—
—
—
—

COMMENTS: _____

Enrollment Preference- Please check which program and level you would like to enroll in

Location and Start Date-

- Nevada City Extended Weekend (March, 20)
- Live Internet Class held simultaneously with Weekend Class above
- Full Time (October 20_)
- Live Internet Class held simultaneously with Full Time Class above

Distance Learning- Please enter desired start date _____ (first day of month and year)
(Applications must be received a minimum of 3 weeks prior to requested start date)

***Placement Exam**

- *(prior approved Ayurvedic Course work required)
- *must complete prior level/s to enroll or test out of prior level.

Who is your admission advisor:

- Amanda Buist _____
- Chris Carpenter _____
- Maryanne Connelley _____
- Tiffany Rousseau _____
- Skye Birdsall _____
- Carissa Thomas _____
- have not spoken to anyone yet _____

CCA's programs are an English language program. Please check one of the following:

- ____ I certify that English is my first language.
- ____ I certify that I am proficient in the English language.

I affirm that the information I have provided in this application is accurate to the best of my knowledge.

Signature _____ Date _____

Note: Upon approval of the application, a pre-enrollment interview must be scheduled with the Enrollment Director before enrollment documents are sent.

Please answer the following questions about your contact with us:
Have you had a phone consultation or tour of CCA? Yes ___ No ___
Have you visited the CCA and had a tour with a Staff member? Yes ___ No ___

This form and application fee payment may be submitted online. You may also fax or mail your application. If mailed, please send the completed application with a \$150 non-refundable application fee to the California College of Ayurveda, 700 Zion St., Nevada City, CA 95959 or fax it to 530-478-9105. We can also call in your application payment at 866-541-6699 ext 0.