



Shang-Shung Institute in America

Application Form

Complete and fax this form to 413-369-4473 or mail it at the address shown

Shang Shung Institute in America
P.O. Box 277
18 Schoolhouse Road
Conway, MA 01341

Name: _____ Age: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Fax: _____

I plan to enroll in:

Certification Program [4-Year program] *\$2,500
Cost: \$2500 Deposit: \$300

An Introduction of Tibetan Medical History and Fundamental Theory
Cost: \$500 (\$400 w/ membership) Deposit: \$200

Health of Body, Mind & Spirit in Tibetan Medicine
Cost: \$500 (\$400 w/ membership) Deposit: \$200

History and Origin of the Science of Tibetan Astrology
Cost: \$500 (\$400 w/ membership) Deposit: \$200

Kunye Level One
Cost: \$375 (\$300 w/ membership) Deposit: \$200

Education:

SCHOOL	DEGREE	DATES ATTENDED
TRAINING PROGRAM/WORKSHOP	CLASSES ATTENDED	INSTRUCTOR

• On the attached separate sheet, write a brief Essay on why you wish to attend the Shang Shung Institute Tibetan Medicine Program [please include background or personal capacity you have which has prepared you for a rigorous program in Tibetan medicine, your goals for the future and other relevant information].

• If you have them, please provide the names and contact info of three references who will submit letters of recommendation (at least one professional, one personal, one academic or from a training instructor, if possible):

1. _____
2. _____
3. _____

• Do you wish to live on-site?: Yes No Have you previous experience with cooperative living? Please cite examples:

• Do you have any of the following special skills:

Fundraising/development Organization/secretarial/typing/transcribing Farm management or agricultural experience

• Do you plan to enroll in some classes for CEU credits: Yes No

Payment Information [applicable for RESIDENTIAL PROGRAM - 14-week semester only; for Option 2, 3 and 4 send your pre-enrollment application without deposit]

Visa Master Card Amex Discover Check Enclosed

Name: _____

Card Number: _____ Exp. Date ___/___

Security Code [on back of card]: _____

Payment in Full

\$2500.00

\$500.00

\$375.00

Billing Address: _____

City: _____ State: _____ Zip: _____

Fax: _____ Email: _____

Deposit

\$300.00

\$200.00



Shang-Shung Institute in America

Application Form

Complete and fax this form to 413-369-4473 or mail it at the address shown

Shang Shung Institute in America
P.O. Box 277
18 Schoolhouse Road
Conway, MA 01341

Brief Essay

Why you wish to attend the Shang Shung Institute Tibetan Medicine Program [please include background or personal capacity you have which has prepared you for a rigorous program in Tibetan medicine, your goals for the future and other relevant information] ?

Other comments

Feel free to add in the space below any additional information or comment that you may consider relevant to this application.