

Master's Degree Programs Application for Admission



7750 Montpelier Road
Laurel, MD 20723
www.muih.edu
410-888-9048 ext. 6647
admissions@muih.edu

Please check program of interest and desired start date:

- | | |
|---|---|
| <input type="checkbox"/> Master of Acupuncture | <input type="checkbox"/> September 2013 Daytime <input type="checkbox"/> January 2014 Evening/Weekend |
| <input type="checkbox"/> Master of Oriental Medicine | <input type="checkbox"/> September 2013 Daytime <input type="checkbox"/> January 2014 Evening/Weekend |
| <input type="checkbox"/> Master of Arts in Health and Wellness Coaching/Herbal Studies concentration | <input type="checkbox"/> January 2014 (online only) |
| <input type="checkbox"/> Master of Arts in Health and Wellness Coaching/Medical Herbalism concentration | <input type="checkbox"/> January 2014 (online only) |
| <input type="checkbox"/> Master of Arts in Health and Wellness Coaching/Nutrition concentration | <input type="checkbox"/> January 2014 <input type="checkbox"/> online <input type="checkbox"/> on campus |
| <input type="checkbox"/> Master of Arts in Health and Wellness Coaching/concentration undeclared | <input type="checkbox"/> January 2014 <input type="checkbox"/> online <input type="checkbox"/> on campus |
| <input type="checkbox"/> Master of Science in Nutrition and Integrative Health | <input type="checkbox"/> September 2013 <input type="checkbox"/> online <input type="checkbox"/> on campus <input type="checkbox"/> January 2014 (online only) |
| <input type="checkbox"/> Master of Science in Health Promotion | <input type="checkbox"/> April 2013 |
| <input type="checkbox"/> Master of Science in Therapeutic Herbalism | <input type="checkbox"/> September 2013 (online only) |
| <input type="checkbox"/> Master of Science in Yoga Therapy | <input type="checkbox"/> September 2013 |

Personal Information (Please type or print legibly in ink)

Full Legal Name (last) _____ (first) _____ (middle) _____

Home Address _____

City _____ Home Phone (_____) _____

State _____ Zip _____ Cell Phone (_____) _____

County (if in MD) _____ Office Phone (_____) _____

Social Security Number _____ E-mail Address _____

Birthdate (mm/dd/yyyy) _____ Gender (check one) female male

Nickname _____

Other name(s) you have used in school(s) you have attended _____

Have you previously applied to Maryland University of Integrative Health? Yes No If Yes, Year: _____

Program: _____

Emergency contact: Name _____

Address _____

Daytime phone (_____) _____ Relationship _____

Ethnic origin (optional; for statistical purposes only)

- American Indian/Alaskan Native Asian/Pacific Islander Black/African American
 Hispanic White/Caucasian Other

Have you ever been convicted of a criminal act? _____ If so, please explain on a separate sheet.

How were you referred to Maryland University of Integrative Health? (choose all applicable & explain)

- Person: graduate student staff/faculty family/friend please provide name(s) _____

Advertisement _____

Organization _____

Event (ex. workshop, fair) _____

www.tai.edu or www.muoh.edu

Other _____

Citizenship

Are you a United States Citizen? Yes No

Non-U.S. citizens only:

Country of citizenship _____ City and country of birth _____

What is your first language? _____ What type of U.S. visa do you currently hold? _____

Are you a permanent U.S. resident? _____ Alien # _____

What type of immigration status do you plan to hold while at MUIH? _____

Are you planning to request an I-20 Form for an F-1 student visa? _____

Should you be admitted academically, you will be requested to complete the international student application I-20 Form and submit appropriate documentation to be considered for an F-1 visa.

Professional History

Please attach a current resume.

Current Occupation

Check one box that best represents your field of work, and fill in your job title.

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Business | <input type="checkbox"/> Law |
| <input type="checkbox"/> Education | <input type="checkbox"/> Science |
| <input type="checkbox"/> Government/Military | <input type="checkbox"/> Student |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Other |

Job Title (please describe): _____

If applying to Master of Science in Yoga Therapy, please include:

- documentation of completion of a 200-hour teacher training, such as Yoga Alliance 200-hour registered school program (RYS 200) or it equivalent.
- a detailed description of your experience teaching yoga emphasizing the amount of time that you have served as a yoga teacher.

Educational History

Please list in chronological order all institutions of higher education where you have earned or are earning a degree, indicating dates of attendance, degree earned, major or concentration, and date of earned or expected degrees.

| Degree | Institution | Dates of Attendance From To | Major/ Concentration | Date Degree Conferred |
|--------|-------------|--------------------------------|----------------------|-----------------------|
| | | | | |
| | | | | |

Application Essay

On a separate sheet of paper please answer the following questions. Feel free to write anything additional, personal or professional, that you think would be helpful in our consideration of your application. Please do not exceed two typed pages.

Application essay for Master of Science in Nutrition and Integrative Health

1. Why are you interested in the Nutrition program at MUIH?
2. What are your long range professional goals?
3. Please tell us about any previous training or experience related to the Nutrition program (For example, apprenticeships, consultations, certificate programs, prior work experience)?

Application essay for Master of Science in Yoga Therapy

1. Why are you interested in the Yoga Therapy program at MUIH?
2. What are your long range professional goals?
3. Please tell us about any previous training or experience related to the Yoga Therapy program (For example, apprenticeships, consultations, certificate programs, prior work experience)?
4. Please describe your personal yoga practice emphasizing the length of time that you have been engaged in a personal yoga practice.

Application essay for all other Master's programs

1. Why have you chosen to apply to MUIH?
2. What are your professional goals upon completion of the program?
3. Share an example of how you typically respond to learning new ways of thinking, being and doing and to being coached in those experiences.
4. How do you expect being in this program will shift your priorities and affect your schedule outside of class?
5. Please tell us about any previous training/exposure related to the master's degree to which you are applying. (For example; apprenticeships, treatment, consultations, certificate programs.)

Admissions Requirements

Please review the admissions requirements as outlined in the academic catalog, available online at www.muih.edu.

Application Signature

I certify that the information I have provided is complete and accurate. I authorize Maryland University of Integrative Health to make reasonable inquiry as to the accuracy of information provided in this form. I understand that MUIH reserves the right to request additional information. I realize that the falsification of any information may be grounds for denial or dismissal.

Applicant's Signature _____ Date _____
(please print and sign)

Application Submission Checklist

- An application is complete when all of the following have been received:
 - Completed application form
 - Application essay
 - Resume
 - Application fee (see below for payment options)
 - Official transcripts (required for your bachelor's degree and all degrees earned beyond a bachelor's)
- Please order official (unopened) transcripts as soon as possible and have all documentation and transcripts sent directly to:

Office of Graduate Admissions
 Maryland University of Integrative Health
 7750 Montpelier Road
 Laurel, MD 20723

Application Fee

- I am enclosing a check or money order, made payable to Maryland University of Integrative Health
- I authorize MUIH to charge to the credit card below:
 - U.S. \$95 Application Fee (master's programs)
 - U.S. \$150 Application Fee (for applications received after June 1 for September start date and after October 1 for the January start date)

Visa MasterCard

Account number _____

Expiration date (month/year) _____ 3-digit Security Code _____

Signature and date _____
 (please print and sign)

Name on card (please write legibly) _____