



University of Spiritual Healing & Sufism

Application Packet

**Year 1 - Spring Session
April 2017 - September 2017**

*"We envision a world where the flag of God's love,
peace, mercy, freedom, justice and beauty flies above
every home."*

USHS, P.O. Box 801532, Santa Clarita, CA 91380
Ph (800) 238-3060 • Ph (707) 965-0400 • Fax (707) 286-5600
email: Admissions@SufiUniversity.org • website: www.SufiUniversity.org

University of Spiritual Healing & Sufism

Presidents: Salima Adelstein, M.Ed, D.D. & Kamila Shenmen Ph.D., L.Ac., Dipl.O.M.(NCCAOM), M.Div.

Dear Applicant:

Thank you for your interest in the University of Spiritual Healing & Sufism (USHS or University). Our unique programs offer personal healing, spiritual transformation and leadership skills. Our school offers guidance, teachings and skills which support deepening your relationship with God, healing yourself and others, and preparing you to take your true gifts out into the world.

The University acknowledges that all people carry the Divine Qualities and are reflections of Allah. We intend to create a safe place to grow, to be challenged and to be comforted in our relationship with Allah. Our strength is in the Unity of God. We welcome the diversity of peoples, faiths, national origins, ethnicities, sexual orientations, gender identities, physical abilities, thought, and personal understandings of Allah in our walking on the path of Unity.

We offer a 4-year low-residency academic program leading to a Masters of Divinity degree or Advanced Certificate (for those without a bachelor's degree) in one of the following three areas of specialization:

- Spiritual Healing & Counseling for Physical & Emotional Health
- Spiritual Ministry & Healing
- Spiritual Peacemaking

During the first year, you will concentrate on our core curriculum. You will learn how to steadily strengthen your connection to God and open your heart to give and receive Divine Love. This is a year of deep personal healing which can bring love, beauty and peace into your life. To learn more about our programs, see the Course Catalog which can be viewed on our website or obtained by contacting Maryam Reimer at Admissions@SufiUniversity.org.

In this application packet, you will find a complete enrollment packet for the first year of our program. Please review the following pages and complete the application in its entirety. Follow the simple steps listed on the next page and then return pages 5-12, along with your application fee, to our office **by Wednesday, March 15, 2017**. You must complete all of the steps in the application process and provide all of the information requested before your application will be considered. **Financial Aid Applications will not be accepted after Wednesday, March 22, 2017.**

To access this application or any other enrollment materials online, visit our website at:

- <http://www.SufiUniversity.org/academic-programs/admissions/applications-and-forms>

Thank you for taking the time to complete this application packet. If you require any assistance, please contact us at 800-238-3060, option 701, Monday through Friday, 10am - 5pm, Pacific time. You may also email me at Admissions@SufiUniversity.org.

With love and peace,

Nur Preston

Jeff Nur Preston
USHS Admissions Specialist

Application Checklist

April 2017 – September 2017

Use this simple checklist to assist you in completing your application:

- I have read and signed the Student Enrollment Agreement on pages 3-5.
- I have completed and signed all the Personal Information form on pages 6-8.
- I have read and signed the Informed Consent form on page 9.
- I have read and signed the Media Release and Consent form on page 9.
- I have read and signed the Medical Notice and Release form on page 10.
- I have completed and signed the Payment Agreement form on pages 11-12.
- I have made a copy of the entire completed package to keep for my records.
- I am ready to return the completed application, pages 5-12, along with my application fee to the USHS office. (if faxing in, please mail the original as well after making your own copy)

Thank you for completing this application.

Please mail the completed forms and application fee to:

University of Spiritual Healing & Sufism
Attn: Nur Preston
PO Box 801532
Santa Clarita, CA 91380

or fax to:
(707) 286-5600

You may also access the application from our website at:
<http://www.SufiUniversity.org/academic-programs/admissions/applications-and-forms>

Student Enrollment Agreement

April 2017—September 2017

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1. **Onsite school meeting dates.** USHS meets for three onsite meetings of eight days each trimester. The meeting dates for the 2016-2017 Year One Spring program are as follows:

April 1-8, 2017	July 8-15, 2017	September 16-23, 2017
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2. **Program Requirements.**
 - a) **Graduation Requirements.** To be eligible to receive a diploma for the 4-year Master of Divinity (M.Div.) program or a certification at the end of the 4-year Advanced Certificate Program (ACP), you must satisfactorily complete all course requirements set forth by USHS. This includes but is not limited to: attendance requirements, homework requirements, anatomy and physiology requirements (if applicable), and healing skills proficiency. Additionally, all of your financial obligations must be met. If you do not complete all of these requirements by your course completion date, you will receive a grade of incomplete in that course. You will have six (6) months within which to complete the requirements and change your grade to a passing or failing grade. After that date, if you wish to receive a diploma for completion of the 4-year program, you may be required to receive additional training.
 - b) **Attendance.** On-site sessions are 8 days each, held 3 times each academic year. Sessions consist of modules of core curriculum which include a khalwah prayer retreat each session, and intersession faculty teleclasses and webinars. Students of all programs are expected to attend all required classes. No more than 8 days of unexcused absences are allowed per academic year. If you must miss more than 8 scheduled days in an academic year, contact the school administrator (Amina Stader-Chan) to discuss options. Award of successful program completion is at the discretion of the academic programs administrator, dean of education and the department head. Class participation is a factor in determining your overall grade. Failure to attend scheduled classes will affect the class participation component of your grade.
 - c) **Make-up.** If you must miss an on-site session, you will be asked to take the following steps to obtain the missed information: Read the chapters in the books that were taught from at that session; obtain and review notes from a fellow student (suggest to pre-arrange if you know you will be missing a session); review handouts from the session (suggest pre-arrange for fellow student or teaching assistant to send you copies after the session); listen to audio recordings of presented subjects where available; obtain homework assignment from fellow student or teaching assistant; ask a fellow student or teaching assistant to assist you and answer questions for you on what you've received and reviewed before the next session to help anchor in the materials. **Please note:** Makeup of materials is solely your responsibility.
 - d) **Leave of Absence.** A student may elect to take a leave of absence. The student must return to complete the unfinished program within two years of leave date. A final grade will be given upon completion. The student must be in sound financial standing with USHS and have faculty approval. At faculty's discretion, students may be required to participate in additional school sessions or contracts that they fall under before taking the leave of absence. Due to the changing nature of our programs we cannot guarantee that students will be able to complete a program after that time without re-taking significant portions of the program. If you do not return to complete the program within two years of leave date, a passing grade will not be given. Withdrawal payment policies apply. See page 5, section 3.g.(7).
 - e) **Anatomy & Physiology Course.** Completion of an anatomy & physiology course is strongly recommended for all students interested in a Master of Divinity or Advanced Degree Certificate in Spiritual Healing and Counseling. If you have previously completed such a course, please submit a copy of your transcript with this application.
 - f) **Homework Assignments.** You will be given homework assignments to complete between on-site sessions. These assignments may include, but are not limited to: giving healing sessions, writing up healing sessions, performing case studies, doing spiritual practices on a regular basis, reading and writing assigned passages from key texts, and keeping a journal. You are expected to complete these assignments in a timely manner.
 - g) **Email Correspondence.** You are required to have an email address that you check at least once per week. Include your email address on the Personal Information Form in this packet. If you do not have email, please contact our office for information on how to obtain free email services.

3. **Financial Policies.**
 - a) **Tuition** for the Year One Spring (YRISpring) April 2017—September 2017 program is \$6,800.00. There is also a non-refundable \$150.00 application fee, for a total of \$6,950.00. A materials fee of \$100.00 is included in the tuition. Tuition includes the three on-site eight-day meetings and intersession teleclasses and webinars as well as support and mentoring. **This fee does not cover costs incurred for travel, room, meals, anatomy & physiology courses, required or elective reading materials, or elective personal healing sessions.** Each year the program and its costs are reviewed and the tuition charge will be adjusted accordingly. You will be notified of any changes in tuition charges prior to the second year enrollment period.

Student Enrollment Agreement

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b) **Lodging-Meal Package.** For on-site meetings, program participants are **required** to purchase a lodging-meal package from the designated USHS hosting facility, unless the participant resides within a 30-mile radius of the facility. If you meet the exception criteria for this requirement, you will be charged a day use fee and will be required to purchase the hosting facility's meal plan. Please contact your Program Administrator (Amina Stader-Chan) for approval, options, and rates.

c) **Payment Schedule for the Year One Spring Program.**

Application fee: Please include the application fee of \$150.00 with this application. The application fee is non-refundable.

Deposit: A deposit of \$1,346.00 is due and must be received no later than March 8, 2017, to reserve your place in the school. Deposits are refundable if written withdrawal from school is received by March 3, 2017. After March 3, 2017, deposits are not refundable.

Residual Balance: Please select the payment plan you prefer for the remaining balance of \$5,454.00. Indicate your choice by filling out the information requested on Payment Agreement form of this packet. A portion of the residual balance may be refundable to withdrawing students if the withdrawal requirements outlined on Page 5, Item 3.g.(7) are met. Your application will not be considered until all required information is provided.

(1) **Prepay in Full:** Payments received by March 16, 2017, will receive a \$200.00 discount, for a balance of \$5,254.00. (Total due is \$6,600.00 after discount which includes deposit of \$1,346.00 plus residual balance of \$5,254.00.)

(2) **Three Pay:** The balance of \$5,454.00 may be paid in three payments of \$1,818.00. A credit/debit card is required for this option. Your account will be charged on March 16, 2017, June 16, 2017, and August 16, 2017.

(3) **Pay Monthly:** The balance of \$5,454.00 may be paid in six (6) monthly installments. If you select this option, a \$66.00 processing fee will be added to your balance, for a total of \$5,520.00. The six monthly payments of \$920 begin on March 16, 2017, and continue through August 16, 2017. See the Payment Agreement in this application for details.

d) **Discounts.**

These discounts may not be combined. If you are eligible for more than one discount, **only** the highest of the discounts will be applied to your account.

(1) **Work-study discount:** Acceptance into the work-study program affords a partial tuition discount. You must fill out a separate application for Work-study. Acceptance is based on need and awarded on first come, first serve basis.

(2) **Couples discount:** If you are married and both you and your spouse will be attending USHS simultaneously, one of you is eligible for a 5% tuition discount.

(3) **Pay in Full Discount:** This discount is described in section 3.c.(1).

e) **Late payments.** Failure to make payments consistent with your payment agreement, or late payments, may result in suspension from participating in program activities until your account is made current. Should your circumstances change, you must contact the USHS Accounting Office to make arrangements before the payment due date. Payments that are due directly to USHS and are not made on time will incur a \$25.00 late fee for each payment deadline that is missed. In addition, a one-and-a-half percent per month handling charge will be assessed on any unpaid balance beginning on the payment due date. Accounts in arrears more than 90 days will be reviewed for collection. You will be responsible for all the costs incurred by USHS for collection, including all legal and court fees. A \$25.00 fee will be charged for returned checks.

Changing Payment Agreements. At any time you may switch to a different payment plan. There is a \$75 fee applied each time you change your payment plan. Please contact the Accounting Office if you need to renegotiate your payment option.

f) **Financial Contract.** You are required to complete and sign the Payment Agreement included in this application. You are contractually obligated to fulfill this contract and pay the full yearly tuition, regardless of the number of school days you attend or miss. You will be asked to make your financial commitment one year at a time. We have found that when all students make this commitment up front, the class as a group has greater safety, strength, and all students progress further in their spiritual development.

g) **Cancellation and Refund Policies.**

The USHS makes a financial commitment to entering students to provide the staff and facilities to operate the USHS school programs. In submitting this application, the student makes a financial commitment to pay for one year of tuition and fees. USHS recognizes that students may experience changes in their situation over the course of the year that make it difficult to honor their commitment to the school and to their fellow students.

Student Enrollment Agreement

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Following is the policy that will apply to any student who is unable to honor their commitment:

- (1) Application Fees are never refundable.
 - (2) Deposits are refundable if **written** withdrawal from school is received by March 3, 2017. After March 3, 2017, deposits are never refundable.
 - (3) Couples, early pay and any other discounts are lost if student withdraws from school. They are not prorated for sessions attended.
 - (4) Residual tuition fees are \$1,818.00 per session for Year One Spring students.
 - (5) Residual tuition is reduced by work-study credits only for sessions student attended and earned the work-study credits.
 - (6) Residual tuition fees are payable for any session where a timely, **written** withdrawal request is not received.
 - For withdrawal to be timely, your written request must be received (e-mail or fax acceptable) by **March 13, 2017** for the first session, **June 12, 2017** for the second session, and **August 11, 2017** for the third session.
 - Written withdrawal requests should be emailed to amina@SufiUniversity.org or mailed to USHS, Attn: Amina Stader-Chan P.O. Box 729, Angwin, CA 94508. Withdrawal requests will be acknowledged via email or letter. It is the student's responsibility to ensure that the withdrawal request is received on a timely basis.
 - (7) **Withdrawing Students are responsible for fees listed below.** The withdrawal fees reduce the full-tuition financial commitment made by the student to the school and their fellow students. Upon withdrawal, the student is expected to work out a reasonable payment plan for the withdrawal fees and to sign a withdrawal fee agreement. The student is responsible for their original financial contract with the school until a withdrawal fee payment plan and agreement is signed. **Application fees are not refundable, and deposits are not refundable after March 3, 2017** (see items 3.g.(1) and (2), above). **The refund amounts discussed below apply only to the residual tuition.**
 - **Any student withdrawing on or before March 13th:** Any paid residual tuition fees are fully refundable. There is no withdrawal charge. As noted above, the application fee is not refundable.
 - **First year student withdrawing on or before June 12th:** The student is responsible for the application fee, deposit, and the first session fee of \$1,818.00 less any earned work-study credits. Any fees paid above that amount are fully refundable. There is no withdrawal charge.
 - **First year student withdrawing after June 12th:** The student is responsible for the application fee, the deposit, and residual tuition for any sessions where a timely, written withdrawal request was not received. The tuition due is reduced by any earned work-study credits. The student is responsible for a withdrawal fee of 50% of residual tuition for unattended sessions.
 - All money paid to USHS under the terms of this contract and the payment agreement (in this packet) will be applied to your account for this current year of the school program only (April 2017– September 2017). If you choose to withdraw from the current school year, or you do not return to complete the program within two years of taking a leave of absence, no portion of your paid application fee, deposit, or residual tuition may be applied to other USHS programs.
4. **Termination by the school.** The USHS reserves the right to dismiss any student who, in the sole judgment of the USHS, fails to abide by the regulations, ethical standards, program requirements of the University, or when such action is deemed by the USHS to be in the best interest of the USHS or its students.
 5. **Policy Changes.** The USHS reserves the right to make any adjustments to the curriculum, graduation requirements, homework, certification, fees, course dates, class hours, equipment, and organization as the USHS deems necessary.
 6. **The terms and conditions of this contract supersede any other written or verbal agreements. This contract cannot be amended except by a subsequent written agreement signed by both parties.**

I have read, understood, and agree to follow all the terms & conditions set forth in this Student Enrollment Agreement.

Signature _____ Date _____

Print Name _____

Personal Information

April 2017—September 2017

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Please type or print **clearly** in blue or black ink.

Name _____ Date _____

Sufi Name (if applicable) _____

Address _____

City _____ State _____ Zip _____

Phones: Home _____ Work _____

Cell _____ E-Mail _____

Male ____ Female ____ Birth Date _____ How did you hear about USHS? _____

Employer _____

Profession _____ Position/Title _____

In a short paragraph or two, please let us know why you would like to attend USHS. (Attach an additional sheet if necessary.) _____

Educational Institutions attended:

SCHOOL NAME	LOCATION	COURSE OF STUDY	DATES ATTENDED	DEGREE ATTAINED
High School				
College/University				
Continuing Education				
Other				

Additional Information:

Please describe any work history, additional education or training that you feel is pertinent to this application.

Personal Information

April 2017—September 2017

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Please attach any brochures or other materials describing your work.

If you have worked in the healing arts, please describe your work or provide your biography or resume: _____

Please provide your medical history, including hospitalizations and dates, therapies, injuries, chronic problems, addictions, and so forth. Please include any medications and mind-altering substances that you have used or are currently using. Please include any information it is important for us to know during an on-site session, including life-threatening allergies. Attach an additional sheet, if necessary. _____

Have you ever been treated, or hospitalized, for a psychiatric condition or mood disorder? Yes / No.

If yes, please complete the Mental Health History form on page 8.

(Please note: An affirmative answer is not automatic grounds for denial of admission. During university sessions people can experience strong states, and we wish to ensure you the best and safest experience possible.)

Are you in addiction recovery? Yes / No If yes, for how long? _____

Have you ever experienced what you, or others, might describe as a break with reality? Yes / No.

If yes, please briefly describe your experience. (Please attach an additional sheet if necessary.)

Please provide emergency contact information:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phones: Home _____ Work/ Cell _____

Personal Information
Mental Health History – REQUIRED

April 2017—September 2017

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Please answer the following questions fully and completely. All information provided is confidential, and is necessary to help USHS provide you with appropriate support during university sessions.

Diagnosis: _____

Date of first diagnosis: _____

Dates and duration of hospitalization/institutionalization: _____

Current medications: _____

Previous medications prescribed: _____

Name & contact information of psychiatrist: _____

Name & contact information of counselor / therapist: _____

Do you give permission for a medical/mental health professional from USHS to consult with your psychiatrist and/or therapist, if necessary, prior to your admission to USHS? Yes / No

Do you give permission for a medical/mental health professional from USHS to contact your psychiatrist and/or therapist in the event of a mental health emergency during a USHS university session? Yes / No

Are you willing to work with USHS to create an emergency support plan for you during university sessions, if it is deemed necessary? Yes / No

I attest that all statements made on this application are true, accurate, and complete to the best of my knowledge.

Signature _____ Date _____

Print Name _____

Informed Consent
April 2017—September 2017

University of Spiritual Healing & Sufism Advanced Certificate and Master of Divinity are Not Licensure to Practice Healing

University of Spiritual Healing & Sufism ["USHS"] certification is not a license to practice medicine or healing of any kind in any state or foreign jurisdiction. USHS certification does not necessarily fulfill any prerequisite that may be required to obtain a license to practice any form of medicine or healing in any state or other jurisdiction. This applies to the advanced certification, master's and doctoral divinity degrees.

University of Spiritual Healing & Sufism is Not a Vocational School

University of Spiritual Healing & Sufism ["USHS"] is not a vocational school. USHS makes no promises or representations that there will be employment for its graduates. In addition, USHS has no facilities and provides no services to seek or obtain employment for its graduates.

I have read and understand the foregoing. I acknowledge there have been no verbal or written statements to the contrary made directly or indirectly to me by any member of USHS staff or faculty.

Signature _____ Date _____

Print Name _____

Medical Notice and Release
April 2017—September 2017

I acknowledge that the University of Spiritual Healing & Sufism, its directors, officers, teachers and staff [collectively the “USHS”] do not make medical diagnoses or provide medical or psychological treatment. I understand that the medical health profession does not recognize or approve of spiritual or medical healing. Further I recognize that it is my responsibility to continue to see, consult with, and follow the advice of my regular medical doctors or health-care professionals.

I understand that deep healing work may uncover hidden or unconscious personal issues or conflicts. I understand that I will be fully responsible for myself and my actions at all times. If I am unwilling to confront any particular issue it is my responsibility to inform USHS in writing. USHS is not responsible for the choices I make or any failure on my part to notify USHS in writing of my personal needs.

I acknowledge that no improvements or changes in my medical or psychological condition have been promised, implied or guaranteed by USHS through my participation in USHS sponsored programs or events. This acknowledgement also applies to any teachings or services given by any licensed health professional on USHS staff. I certify that to the best of my knowledge I have no medical or psychological conditions which would prohibit me from participating in this program or place me in any significant risk. I have given USHS in writing a complete description of my past and current medical history, psychological history, and use of any prescription medicines and mind-altering substances. I hereby release the USHS from any legal responsibility for any real or imagined changes in my condition.

I understand the teachings of USHS are considered to be spiritual in nature and are not intended to replace in any way medical or psychiatric/psychological treatment programs that I may already be receiving.

Signature _____ Date _____

Print Name _____

Payment Agreement

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3. TUITION BALANCE: For the remaining \$5,454.00 balance, please select one of the payment options below.
This section must be completed in entirety for your application to be considered.

Option A: Prepay in full: There is a prepay discount of \$200 if the residual tuition is paid in full by March 16, 2017. This fee will be charged/deposited upon acceptance unless an alternate date is indicated below.
 I authorize a charge of \$5,254.00 to my credit/debit card on _____, 2017
 Please provide credit/debit card information below.

Option B: Three Pay: A credit/debit card is required for this option. Please provide credit/debit card information below. I authorize three charges of \$1,818.00 to be charged to my account on the following dates. I authorize any payments due to date to be charged upon acceptance.

March 16, 2017

June 16, 2017

August 16, 2017

Option C: Pay Monthly: A credit/debit card is required for this option. Please provide credit card information below. I authorize six (6) monthly charges of \$920.00 to be posted to my account on the 16th of each month beginning March 16, 2017, and ending August 16, 2017. I authorize any payments due to date to be charged upon acceptance. This plan includes a \$66.00 processing fee to be paid over the six payments.

Work-Study and/or Scholarship. Please send me information and an application. **NOTE:** If you select this option, you must still complete this entire application and submit the completed packet with your application fee to our Admissions Office. You will be sent a separate application for all that you have selected to be completed and submitted to our Financial Aid Department for review by the application deadline stated in the Application(s). You will be notified of acceptance and eligible discount amount, at which time you will have the option to complete the application process or withdraw your application. Space in this program is limited. Award is based on financial need, demonstrated commitment to the program, and date of application submission.

Please enter credit/debit card information below.

IMPORTANT INFORMATION CONCERNING DEBIT CARDS

The University discourages the use of Debit Cards. If the student chooses to use a Debit Card, it is the responsibility of the student to insure adequate funds are in the debit account at all times to cover University transactions. The University is not liable for over-draft or returned check fees associated with bank account debits posted by the University.

 Visa MasterCard American Express

Credit Card Number _____

Exp Date _____

3 or 4 Digit Security Code _____

Print Cardholder Name _____

Billing Address Zip Code _____

Signature _____

NOTE: For term payments through USHS, option B or C, late payments will incur a \$25 late fee and a handling fee of 1.5% per month of any unpaid balance 30 days or more in arrears. Accounts in arrears 90 days or more will be reviewed for collection. A \$25 fee will be charged for returned checks. Please read the Financial Policies section of the Student Enrollment Agreement carefully.

The terms and conditions of this contract supersede any other written or verbal agreements. This contract cannot be amended except by a subsequent written agreement signed by both parties.

I understand and agree to the terms and conditions of the payment option selected above.

Signature _____ Date _____

Print Name _____