



UNIVERSITY OF SPIRITUAL HEALING AND SUFISM

# **Application Packet**

**Year 1 – Fall Session**

**October 2017 – July 2018**

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

University of Spiritual Healing and Sufsim

P.O. Box 729, Angwin, CA 94508

Phone 800-238-3060 • 707-965-0400 • Fax 707-286-5600

Admissions@SufiUniversity.org • <http://sufiuniversity.org/>

## University of Spiritual Healing and Sufism

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

Thank you for your interest in the University of Spiritual Healing & Sufism (USHS). 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 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 at our Admissions Department at [Admissions@SufiUniversity.org](mailto: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 7-14, along with your application fee, to our office by October 13, 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. If you are applying for a Master's Degree, please send your official transcripts to Admissions, USHS, P.O. Box 729, Angwin, CA 94508.

**Financial Aid applications will not be accepted after October 13, 2017. Financial Aid applications (both scholarship and work-exchange) are available from our Admission office or your enrollment counselor.**

To access this application or any other enrollment materials online, visit our website at [SufiUniversity.org](http://SufiUniversity.org).

Thank you for taking the time to complete this application packet. If you require any assistance, please contact our Admissions Department at 1-800-238-3060, option 701. You may also email us at [Admissions@SufiUniversity.org](mailto:Admissions@SufiUniversity.org).

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# CHECKLIST

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

- ⇒ I have read and signed the Student Enrollment Agreement (pages 4-7)
- ⇒ I have completed the entire Personal Information form and signed it (pages 8-10)
- ⇒ I have read and signed the Informed Consent form (page 11)
- ⇒ I have read and signed the Medical Notice and Release form (page 12)
- ⇒ I have completed and signed the Payment Agreement form, including payment methods for application fee, deposit and residual payments. (pages 13-14)
- ⇒ I have made a copy of the entire completed package to keep for my records.
- ⇒ I am returning the completed application, pages 7-14, along with my application fee to the USHS office. (If faxing, please mail the original as well after making your own copy.)

**Thank you for completing this application.**

**Please mail the completed pages and application fee to:**

**University of Spiritual Healing and Sufism**

**Attn: Admissions**

**P.O. Box 729, Angwin, CA 94508**

**OR**

**Fax to: 707-286-5600**

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### STUDENT ENROLLMENT AGREEMENT

**1. On-site school meeting dates.** USHS meets for three on-site meetings of eight days each. The meeting dates for the 2017-2018 Year One Fall program are as follows:

October 28-November 4, 2017 • February 24-March 3, 2018 • July 21-28, 2018

#### **2. Program Requirements.**

**a) Graduation Requirements.** To be eligible to receive a diploma at the end of the 4-year Master of Divinity (M.Div.) or 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 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 eight days each, offered three times per 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 eight days of unexcused absences are allowed per academic year. If you must miss more than eight scheduled days in an academic year, contact the school administrator 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 Section 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. Please call our Admissions office for a list of approved self-study courses and other options.

**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

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**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 Fall (YR1 Fall) October 2017 -- July 2018 program is \$7,250.00.** There is also a non-refundable \$150.00 application fee, for a total of \$7,400.00. A materials fee of \$100.00 is included in the tuition. **Need-based financial aid (scholarships and work-exchange) is available. Please contact our Admissions office for applications.**

**Tuition includes the three on-site eight-day meetings.** 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.

**NOTE:** You will need to cover additional costs incurred for transportation, lodging and meals for on-site sessions or other activities, in addition to the tuition and application fee. You may also incur additional costs for reading materials, books, or elective personal healing or mentoring sessions.

**b) Lodging-Meal Package.** For on-site meetings, program participants are required to purchase a lodging and 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 may be charged a day use fee and will be required to purchase the hosting facility's meal plan. Please contact Amina Stader-Chan, your Program Administrator, for approval, options and rates. Amina can be reached at [amina@sufiuniversity.org](mailto:amina@sufiuniversity.org)

### c) Payment Schedule for the Year One Fall Program.

**Application fee: Please include the application fee of \$150.00 with this application.** The application fee is non-refundable. If you have previously applied to the University's M.Div. program and paid the application fee, please contact our Admissions office – your previously paid fee may be transferable to this application.

**Deposit: A deposit of \$1,349.00** is due and must be received no later than **October 16, 2017**, to reserve your place in the school. Deposits are refundable if written withdrawal from school is received by October 13, 2017. After October 13, 2017, deposits are not refundable.

**Residual Balance: Please select the payment plan you prefer for the remaining balance of \$5,901.00. Indicate your choice on the Payment Agreement portion of this packet.** A portion of the residual balance may be refundable to withdrawing students if the withdrawal requirements outlined in Item 4.g.(7) are met. Your application will not be considered until all required information is provided.

**Prepay in Full: Payments received by October 20, 2017 will receive a \$200.00 discount, for a balance of \$5,701.00.** (Total due is \$7,050.00 (plus \$150 application fee) after discount which includes deposit of \$1,349.00 plus residual balance of \$5,701.00.)

**Three Pay: The balance of \$5,901.00 may be paid in three payments of \$1,967.00.** A credit/debit card is required for this option. Your account will be charged on October 20, 2017, January 20, 2018 and June 20, 2018.

**Monthly Payments: The balance of \$5,901.00 may be paid in nine (9) monthly installments.** If you select this option, a \$99.00 processing fee will be added to your balance, for a total of \$6,000.00. The eight monthly payments of \$667 begin on

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October 20, 2017, and continue through May 20, 2018, with the final ninth payment of \$664 on June 20, 2018. 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.

- **Work-exchange discount:** Acceptance into the work-exchange program affords a partial tuition discount. You must fill out a separate application for the work-exchange program. Acceptance is based on need and awarded on first come, first serve basis.
- **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.
- **Prepay in Full Discount:** This discount is described in section 4.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 ninety 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. **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 October 13, 2017. **After October 13, 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 \$1,967.00 per session for Year One Fall students.
5. Residual tuition is reduced by work-exchange credits only for sessions student attended and earned the work-exchange credits.
6. **Residual tuition fees are payable for any session where a timely, written withdrawal request is not received.**

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- For withdrawal to be timely, your written request must be received (e-mail or fax acceptable) by October 17, 2017, for the first session, January 12, 2018, for the second session, and June 13, 2018, 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. 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 October 13, 2017** (see items 4.g.(1) and (2), above). The refund amounts discussed below apply only to the residual tuition.

- **Any student withdrawing on or before October 17, 2017:** Any paid residual tuition fees are fully refundable. There is no withdrawal charge. As noted above, the application fee is not refundable.
- **Year 1 Fall student withdrawing on or before January 12, 2018:** The student is responsible for the application fee, deposit, and the first session fee of \$1,967.00 less any earned work-exchange credits. Any fees paid above that amount are fully refundable. There is no withdrawal charge.
- **Year 1 Fall student withdrawing after January 12, 2018:** 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-exchange 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 (October 2017 - July 2018). 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 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 \_\_\_\_\_

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**PERSONAL INFORMATION**

October 2017 – July 2018      Page 1 of 3

PLEASE TYPE OR PRINT **CLEARLY** IN BLUE OR BLACK INK. Thank you!

Name \_\_\_\_\_

Sufi Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Country (if other than U.S.) \_\_\_\_\_

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Circle One: 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** (please include school name, location, course of study, dates attended and degree attained)

High School \_\_\_\_\_

College/University \_\_\_\_\_

Continuing Education \_\_\_\_\_

Other \_\_\_\_\_

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**PERSONAL INFORMATION**

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**ON A SEPARATE SHEET OF PAPER, PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Please describe any work history, additional education, or training that you feel is pertinent to this application. Additionally, please attach any brochures or other materials describing your work.
2. If you have worked in the healing arts, please describe your work or provide you biography or resume.
3. 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 that is important for us to know during an on-site session, including life-threatening allergies.
4. Are you in addiction recovery? YES or NO (If yes, for how long? \_\_\_\_\_)
5. Have you ever experienced what you, or others, might describe as a break with reality? YES or NO  
If yes, please briefly describe your experience.

Have you ever been treated, or hospitalized, for a psychiatric condition or mood disorder? YES or NO  
(PLEASE NOTE: An affirmative answer is NOT automatic grounds for denial of admission.)

**THE FOLLOWING SECTION IS REQUIRED REGARDLESS OF YOUR ANSWERS TO THE ABOVE QUESTIONS.**

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. During on-site University sessions people can experience strong states, and we wish to ensure you the best and safest experience possible.

Please provide any mental health diagnosis and the date of first diagnosis. \_\_\_\_\_  
\_\_\_\_\_

**NOTE:** If the above question is not applicable to you, please indicate this above and then you may skip ahead to the emergency contact section.

Dates and duration of hospitalization/institutionalization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous medications prescribed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name & contact information of psychiatrist: \_\_\_\_\_  
\_\_\_\_\_

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**PERSONAL INFORMATION**

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**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 or 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 on-site session? **YES or NO**

Are you willing to work with USHS to create an emergency support plan for you during on-site sessions, if it is deemed necessary? **YES or NO**

**PLEASE PROVIDE EMERGENCY CONTACT INFORMATION:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Country (if not U.S.)** \_\_\_\_\_

**Phones: Home** \_\_\_\_\_ **Work/ Cell** \_\_\_\_\_

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

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

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**INFORMED CONSENT**

October 2017—July 2018

**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** \_\_\_\_\_

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**MEDICAL NOTICE and RELEASE**  
October 2017—July 2018

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 \_\_\_\_\_

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**PAYMENT AGREEMENT**

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**PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY.**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Day Phone \_\_\_\_\_  
City \_\_\_\_\_ Eve Phone \_\_\_\_\_  
State & Country \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**Please read and understand the financial policies outlined in the Student Enrollment Agreement, pages 4-7, prior to completing this form.  
Your application will be considered upon receipt of your completed payment agreement form (including the application fee, deposit payment, and tuition payment sections).**

**1. APPLICATION FEE:** Please include the \$150.00 application fee payment with this application form. The application fee payment is non-refundable and can be made by personal check, cashier's check, money order, or debit card. This fee will be charged/deposited upon receipt. Make checks payable to USHS. Please indicate method of payment below.

**Check No.** \_\_\_\_\_ **OR Circle One:** VISA MASTERCARD AMERICAN EXPRESS

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Billing Address Zip Code \_\_\_\_\_ CSC \_\_\_\_\_

Print Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_

**2. DEPOSIT:** To hold your space, a deposit of \$1,349.00 is due and must be received by October 16, 2017. Payments may be made by credit card, personal check, cashier's check, money order, or debit card. This fee will be charged/deposited upon receipt unless otherwise specified below. Make checks payable to USHS. Please indicate method of payment below.

**Check No.** \_\_\_\_\_ **OR**

**Charge Card On** \_\_\_\_\_ **Circle One:** VISA MASTERCARD AMERICAN EXPRESS

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Billing Address Zip Code \_\_\_\_\_ CSC \_\_\_\_\_

Print Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_

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PAYMENT AGREEMENT

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3. TUITION BALANCE: For the remaining \$5,901.00 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 October 20, 2017. This discounted residual tuition will be charged/deposited upon acceptance unless an alternate date is indicated below.

I authorize a charge of \$5,701.00 to my credit/debit card on \_\_\_\_\_, 2017

Option B: Three Pay: A credit/debit card is required for this option. I authorize three charges of \$1,967.00 to be charged to my card on the following dates. I authorize any payments due to date to be charged upon acceptance.

October 20, 2017

January 20, 2018

June 20, 2018

Option C: Pay Monthly: A credit/debit card is required for this option. I authorize eight (8) monthly charges of \$667.00 to be posted to my account on the 20th of each month beginning October 20, 2017, through May 20, 2018, with the final payment of \$664.00 be charged on June 20, 2018. I authorize any payments due to date to be charged upon acceptance. This plan includes a \$99.00 processing fee to be paid over the nine payments.

Financial Aid Requested. Please send me applications. NOTE: If you select this option, you must still complete this entire application (including the payment agreement) and submit the completed packet with your application fee to our Admissions Office. You will be sent scholarship and work-exchange applications to be completed and submitted to our Financial Aid Department for review by October 13, 2017. Once notified of your financial aid award, you will have the option to complete the application process or withdraw your application. Other than the application fee, no charges are made until you accept your financial aid award and reach a payment agreement with the USHS financial office.

Please provide 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.

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_
Print Cardholder Name \_\_\_\_\_ CSC \_\_\_\_\_
Signature \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

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 \_\_\_\_\_