

# INTERNATIONAL UNIVERSITY OF THE EAST

## OM Meditation Center

1125 West Sixth Street, Suite 207, Los Angeles, CA 90017  
Phone: 213-947-3611 Fax: 213-947-3549 or Email: [info@iueast.org](mailto:info@iueast.org)

### APPLICATION FORM

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**GENERAL INFORMATION:**

I am applying as a: ( ) New Student / Transfer Student ( ) Re-Entering Student

I am applying for: Certificate in Buddhist Meditation  
Winter Quarter 20\_\_\_\_ / Spring Quarter 20\_\_\_\_ / Summer Quarter 20\_\_\_\_ / Fall Quarter 20\_\_\_\_

Bachelor of Religious Studies  
Winter Quarter 20\_\_\_\_ / Spring Quarter 20\_\_\_\_ / Summer Quarter 20\_\_\_\_ / Fall Quarter 20\_\_\_\_

Master of Comparative Religious Studies  
Winter Quarter 20\_\_\_\_ / Spring Quarter 20\_\_\_\_ / Summer Quarter 20\_\_\_\_ / Fall Quarter 20\_\_\_\_

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**STUDENT INFORMATION:**

\_\_\_\_\_  
Last Name First Name Middle Date of Birth

\_\_\_\_\_  
Mailing Address City State Zip Code

\_\_\_\_\_  
Home Country Address (if applicable) City State Zip Code County

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Phone Number: Home: ( ) \_\_\_\_\_ (if applicable) Cell: ( ) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

**Military Status:**

( ) Not Applicable ( ) Active Duty ( ) Coast Guard  
( ) Reserve/National Guard ( ) Spouse/Dependent ( ) Veteran

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**CURRENT EMPLOYMENT:**

\_\_\_\_\_  
Occupation/Position Present Employer

\_\_\_\_\_  
Address City State Zip Code

Does your employer offer tuition assistance? ( ) Yes ( ) No

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**EDUCATION:**

Name of High School Graduated \_\_\_\_\_ Year \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Do you have a GED Certificate? ( ) Yes ( ) No If yes, give location and date \_\_\_\_\_ / \_\_\_\_\_

Name of College or University Attended/Graduated \_\_\_\_\_ Year \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_ Date of Graduation/Date of Last Attendance \_\_\_\_\_

Name of College or University Attended/Graduated \_\_\_\_\_ Year \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_ Date of Graduation/Date of Last Attendance \_\_\_\_\_

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**VISA INFORMATION (International Students Only):**

Are you currently in the United States? ( ) Yes ( ) No

If yes, what is your current status? \_\_\_\_\_ (i.e. F-1, B-1/B-2, H-1, J-1)

If on a tourist visa (B-1/B-2), Please fill in dates below:

Date of Entry: \_\_\_\_\_ Expiration Date of I-94: \_\_\_\_\_

If no, when do you plan to enter the United States? \_\_\_\_\_

**Will dependent(s) accompany you to the U.S?** ( ) Yes ( ) No If yes, Provide the following

	Last Name	First name	Date of Birth	Relationship to Applicant
Dependent 1				
Dependent 2				
Dependent 3				
Dependent 4				

**Financial Statement**

\*PERSONAL FUNDS: If you are funding your education using your own resources, please have your bank provide verification of your personal account.

Personal or Family Sponsor: (Must Fill out the Affidavit of Support)

**IMPORTANT:**

Sponsors who are U.S. citizens or permanent residents must also complete an affidavit of support, Form I-134. The form is available at the Front Desk or at [www.uscis.gov](http://www.uscis.gov) under "Immigration Forms" (<http://www.uscis.gov/files/form/i-134.pdf>). Applicants with several sponsors must have each sponsor complete the International Student Financial Statement and affidavit of support if applicable.

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**STATEMENT OF AGREEMENT:**

If admitted to International University of the East, you are expected to abide by the rules and regulations of International University of the East as contained in the current school catalog. It is your responsibility to review this current catalog before or after being admitted to the university and to be aware of the policies outlined in the school catalog.

I certify that the above information is complete and correct to the best of my knowledge. If my application is accepted, I agree to abide by the policies, standards, and regulations at International University of the East and respect the ideals, principles, and traditions, it upholds as a Christian institution of higher learning. I authorize the university to verify the information I have provided. I further understand that this information will be relied upon by the officials of the university in determining my admission status and that the submission of false information is grounds for rejection of my application, withdrawal of an offer of acceptance, dismissal from the university, revocation of a degree, and/or other disciplinary action.

**SIGNATURE OF APPLICANT** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**International University of the East does not and shall not discriminate on the basis of race, color, religion (creed), gender, age, marital status, disability, status as veteran in any of its policies, practices or procedures.**