



University for Integrative Learning

of AIWP

Administrative Office: 1827 Ximeno Ave #356 Long Beach CA 90815

Tel: 707-586-9484, email: uiladm@aol.com

APPLICATION FOR THE BELOVED COMMUNITY SEMINARIANS

Doctor of Divinity in Spiritual Peacemaking Ph.D. in Spiritual Peacemaking

Last Name	First Name	Middle	
Other Names Used			
Home Address	City	State	Zip
Work Address	City	State	Zip
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Home Phone	Work Phone	Date of birth	
Fax #	Email address		
Social Security Number	Enrollment Date		

PRIOR UNIVERSITY/COLLEGE EDUCATION

Institution (Years): _____

Degrees(s) (Years) _____

Date of completion of The Beloved Community Master's Degree Program: _____

Please Submit This Form Along With The Application Fee Of \$50.00 (non-refundable)

To complete the application process, submit the following:

1. Write a brief autobiography (a paragraph or two) telling about yourself, your vocational interests and future goals. You will add to your life story and goals as you move through the program.
2. Request official transcripts of all university/college work, to be sent to the office above.
3. Send this application and \$50 fee along with enrollment fee of \$250 (explained below) to the office above.

SUMMARY OF FEES

APPLICATION FEE (non-refundable, not applied to enrollment) \$ 50.00

ENROLLMENT FEES:

A registration fee of \$250.00, submitted at the time of application, will initiate your enrollment and will be credited to your tuition (refundable during first week of enrollment date only).

4 semester program with 1 semester scholarship through The Beloved Community \$9,000.00

Tuition payable at the beginning of each semester (every 4 months) \$3,000.00

\$500 discount for paying in full

Graduation Fee \$ 100.00
Transcript Fee, per copy \$ 20.00

The University maintains a policy of not changing enrollment fees for the Learner once the application has been accepted.

REFUND POLICY: University for Integrative Learning has a refund policy to assist those who determine early in any given semester that they must withdraw from the program. You **MUST**, upon enrollment, acknowledge and accept the terms of the refund policy. **REMEMBER**, if learning is extended by your particular pace, the refund policy is still binding. Fee refunds on a semester basis will be paid in the following manner: Any request for refund must be in writing. Date of Mailing, e-mail, or fax is the date refund policy applies.

Before or during the first week of the semester	100%
During the second week of the semester	80%
During the third week of the semester	60%
During the fourth week of the semester	40%
During the fifth week of the semester	20%
From the sixth week through end of semester	NONE

All statements made by me in this application, any attachments and all subsequent documents submitted reflect my personal accomplishments and learning. I understand that my name, degree title - when conferred, and address can be listed in university publications or directories unless I specifically request that the address be confidential.

Signature

Date