

1146 University Avenue, San Jose, CA 95126 (408) 283-0221 meru@csecenter.org

Application for Admission

Thank you for your interest in Meru Institute. Please complete all sections clearly.

Indicate to which area of study you are apply	ying to for admission.	
Yoga Studies		
Ayurveda Studies		
Community Ministry Studies		
Name	Birthdate	2
Address		
City	State	Zip
Cell Phone ()	Home ()	
E-mail		
Any health considerations		
 Include Educational, Professional, and Perso Education and Employment Resume One Page Overview of Spiritual History: Study One Page Essay of your Meru Study Goals (w Two Letters of Recommendation (at least one A recent passport-sized photograph 	y & Practice Resume (meditation, philosophy nat you plan to do with your training upon con	, yoga, service, etc.)
Submit Application and Fee Include your nonrefundable application fee of \$ Your registration fee of \$100 and tuition are pay		sity Ave., San Jose, CA 95126
CONSENT SIGNATURE : I attest that the informal agree to verification of the full application confidence.		ate and complete.
Signature	Date	