

Graduate Study Supplemental Application
GRADUATE CERTIFICATE PROGRAM IN COMPLEMENTARY
MEDICINE & WELLNESS

Oakland University
Graduate Admissions
520 O'Dowd Hall
Rochester, Michigan 48309-4475

Name _____

Address _____
(Street) (City) (State) (Zip)

Email _____ Daytime Phone _____

Your major(s) and degrees: (Please mark degrees in progress with an asterisk(*))

Undergraduate: _____

Graduate: _____

Certification(s) / specialty education: _____

If you have already completed Mind-Body Medicine (HS/CNS 651 or HS 451) or Integrative Holistic Medicine (HS/CNS 641 or HS 441) indicate the year and semester it (they) were taken:

Please indicate your degree of knowledge or confidence in areas such as: psychology, stress management self-practice, stress management as facilitator, group process leadership, exercise, yoga, martial arts, nutrition, body work, human anatomy, human physiology, research, and other pertinent knowledge, special training or talent. Also, include any additional comments about your knowledge or feelings that may be informative.

Signature _____ Date _____

Submission Instructions

Complete the form in Adobe Acrobat • Click "File" • Click "Print" • In the "Printer" drop down box select "Adobe PDF" • Click the "Print" button • Choose the location to save the file on your computer • Click "Save" • Log in to the Admission Login Page using your email and password and click 4.Submit Supplemental Items button. Don't forget to first complete your Admission Application if you haven't done so already.