

American Institute of Ayurveda LLC.

Healing and Wellness through Knowledge Empowerment

www.AmericanInstituteofAyurveda.com ; AmericanInstituteofAyurveda@gmail.com

Venue : 1933 E Frankford Rd Carrollton, TX

APPLICATION FOR ADMISSION – ADMISSION FORM

APPLICATION FOR PROGRAM: **Ayurveda Lifestyle Consultant**

Only a limited number of students are accepted into the Program. Admissions are processed on a “First come first served” basis. If the Program is full, students are placed on a waiting list for the next Program. Individuals who successfully complete the one year Program, along with all its requirements, will be awarded certification as an “Ayurveda Lifestyle Consultant”

First Name: _____ Middle Initial: _____

Last Name: _____

Address: _____

State : _____ ZIP: _____ Home Phone: _____

Mobile Phone: _____ Email: _____

Educational History:

School	Major	Degree/Diploma	Year Graduated

Professional Work Experience:

Work, Role & Experience	Organization	Employment Dates	Total Duration

Briefly state why you want to learn Ayurveda or become an Ayurveda Lifestyle Consultant?

I _____ certify that all the information on this application to the American Institute of Ayurveda (AIA) is true and correct. I understand that any false or misleading information will void this application. I understand and agree that AIA does not guarantee employment or take responsibility for employment or a career in the field of Ayurveda, or any health related field, upon completion of the Program. I also understand and agree that AIA is not responsible for actions of its students and graduates in their Ayurvedic careers or in their personal use of Ayurveda. I certify that I have the ability to finance my education. I understand and acknowledge that whichever payment program is selected, the offering of an installment payment plan is intended merely as a convenience to me and in no way impacts upon my obligation to pay the entire program's tuition unless written notice of withdrawal from the program is made to the Director per the prevailing Refund policy guidelines:

Student Signature: _____ Date : _____

Print Your Name: _____

Please print, fill and send your complete Application form along with your Application fee (\$100) to :

American Institute of Ayurveda LLC.
5716 Sicily Way,
Flower Mound, TX 75028

Check to be made payable to "American Institute of Ayurveda LLC."