

Dear Student,

Thank you for applying to Naropa University. A Naropa education is unique. Here, the academic, personal and spiritual journey is challenging and transformative. It is also extremely rewarding. The goal of the Admissions Office is to find those students who are a good fit with Naropa's mission and are prepared for the work ahead. Therefore, it is important that you be honest, open and reflective throughout this application process. We, in turn, promise to devote the time and heart to reading and reviewing your application so that your voice may come through and be heard.

We look forward to learning about you!

Sincerely,



Susan Boyle
Dean of Admissions

APPLICATION INSTRUCTIONS

- We strongly suggest that you apply online and send all supplemental materials together by the suggested deadline.
- Do not send copies of already-submitted materials in the mail.
- Do not put your application in a folder, protective sleeves or other materials; this includes applicants to Art Therapy.
- For programs requiring portfolios, please include a self-addressed, stamped envelope if you would like them returned.
- Do not apply to more than one program per semester.

SUGGESTED DEADLINES

Naropa University uses a rolling admission policy. Applicants may apply as early as September for summer and fall admission. Applications received between September 1 and the suggested deadline will be given equal consideration. Applications received after the suggested deadline will be reviewed on a space-available basis.

- January 15 for summer and fall admission
- October 15 for spring admission

APPLICATION REQUIREMENTS

- 1) Part A of the application form.
- 2) \$60 nonrefundable application fee in the form of a check or money order, payable to "Naropa University." The applicant's name must be clearly indicated on the check.
- 3) Part B - Essay/Statement of Interest (must be typed and double-spaced).
- 4) Official college or university transcript showing proof of a BA, BS or BFA degree (must be sent in a sealed envelope from registrar).
- 5) Official college transcript for every prerequisite course taken (must be sent in a sealed envelope from the registrar).
- 6) Letters of Recommendation: Three letters on or attached to the forms provided. None will be accepted from family members, significant others or current therapists, and none can be older than one year.
- 7) Part C - Supplemental applications and/or writing samples are required by many departments. Supplemental applications are available at www.naropa.edu/gradapply or through the Admissions Office's departmental fact sheets.
- 8) Resumé.
- 9) Applicants Educated Outside the U.S.A. All transcripts must be accompanied by a professional transcript evaluation performed by a professional evaluation firm and a minimum TOEFL score of 100/250/600 (internet-based/computer-based/paper-based). Native English speakers may be exempt from the TOEFL exam. Please contact our office or visit www.naropa.edu/intlstudents/admissions.cfm for details.

Students may also apply online at www.naropa.edu/gradapply.

MASTER OF ARTS REQUIREMENTS

PROGRAMS	ENTRY DATE	SUPPLEMENTAL MATERIALS	PREREQUISITES
Contemplative Education	Summer Only	Supplemental Application and Phone or In-Person Interview	
Environmental Leadership	Fall Only	Individual Phone or In-Person Interview	
Psychology: Contemplative Psychotherapy	Fall Only	Group and Individual In-Person Interviews (if selected)	
Religious Studies	Fall Only	Phone or In-Person Interview	
Religious Studies with Language	Fall Only	Phone or In-Person Interview	
Somatic Counseling Psychology Both concentrations	Fall Only	Group and Individual In-Person Interviews, Supplemental Prerequisite Form (and International Form and video when applicable)	Two 3-credit core Psychology classes, 3 credits of Anatomy and 100 hours (paid or unpaid) fieldwork experience
Transpersonal Counseling Psychology Counseling Psychology	Fall Only	Prerequisite Form and In-Person Interview	Abnormal Psychology, Developmental Psychology and Theories of Personality
Art Therapy	Fall Only	Prerequisite Form, Group and Individual In-Person Interviews and 20 Slide/CD Portfolio	Above classes plus: course work in drawing, painting, sculpture; 9 more credits in studio art; 3 more credits in psychology
Wilderness Therapy	Fall Only	Prerequisite Form and Group and Individual In-Person Interviews	Above classes as listed for counseling psychology plus ten-day wilderness trip
Transpersonal Psychology and Ecopsychology	Summer Only	Phone or In-Person Interview	

MASTER OF FINE ARTS REQUIREMENTS

Creative Writing	Summer, Fall or Spring	Supplemental Application and Writing Sample: 30 pages of prose or 15 pages of poetry or 25-page combination of both	
Theater: Contemporary Performance	Fall Only	Representative Photo and Interview A visit to campus or workshop attendance highly recommended	
Writing and Poetics	Summer, Fall or Spring	All Concentrations: Supplemental Application and a Writing Sample of:	
Prose		30 pages of prose	
Poetry		15 pages of poetry	
Translation		20 pages of creative work plus 3–5 pages of translation work from any genre	

MASTER OF DIVINITY REQUIREMENTS

Divinity	Fall Only	In-Person or Telephone Interview	
----------	-----------	----------------------------------	--

PART A—BIOGRAPHICAL INFORMATION

ACADEMIC PLANS

Applying for: Fall Spring Summer Year _____

Applying to (check only one of the following):

MASTER OF ARTS

- Contemplative Education (low residency)
- Environmental Leadership
- Psychology: Contemplative Psychotherapy

Religious Studies

- Contemplative Religions
- Indo-Tibetan Buddhism

Religious Studies with Language

- Contemplative Religions
- Indo-Tibetan Buddhism

Somatic Counseling Psychology

- Body Psychotherapy
- Dance/Movement Therapy

Transpersonal Counseling Psychology

- Art Therapy
- Counseling Psychology
- Wilderness Therapy
- Transpersonal Psychology (low residency)
- Ecopsychology

MASTER OF DIVINITY

MASTER OF FINE ARTS

- Creative Writing (low residency)
- Theater: Contemporary Performance

Writing & Poetics

- Poetry
- Prose
- Translation

CANDIDATE INFORMATION (please print)

Legal Name: _____
Last/Family First Middle Initial

US Social Security Number, if any _____ / _____ / _____ Name you prefer to be called: _____
(Optional, unless you are applying for federal financial aid with the FAFSA form)

Previous name(s) under which your materials may arrive at Naropa University: _____

Current Mailing Address (number and street): _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Cell: _____ Work Phone: _____ Email: _____

Use This Address Until (month/day/year): _____

Do we have permission to leave information regarding your application on your voice mail? Yes No

Please list the names of family members or roommates with whom we are allowed to speak regarding your application:

Name: _____ Relation: _____ Name: _____ Relation: _____

Permanent Mailing Address (number and street): _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Cell: _____ Work Phone: _____ Email: _____

Gender: Female Male Other Date of Birth: ____/____/____ Birthplace: _____
M D Y City, Country

U.S. Citizen or Permanent Resident of the United States: Yes No If not, which country? _____

Did either of your parents attend college? Yes No Is English the primary language in your home? Yes No If not, what is? _____

Applying for Financial Aid: Yes No

DISCIPLINARY HISTORY

1) Have you ever been found responsible for a disciplinary violation at an educational institution you attended from ninth grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in your probation, suspension, removal, dismissal or expulsion from the institution? Yes No

If yes, please attach a separate piece of paper that gives the approximate date of each incident and explains the circumstances.

2) Have you ever been served with a restraining order, or a protection order, or been convicted of a misdemeanor, felony or other crime? Yes No

If yes, please visit www.naropa.edu/disciplinaryform and print and fill out a required form that you will need to send directly to Naropa University's Office of Admissions.

For students applying to the counseling psychology programs: Please be aware that some professional agencies require additional information prior to appointing clinical placements. Some agencies have strict requirements regarding employees with criminal backgrounds; therefore, students may have fewer choices for placement.

Optional. The items with the shaded background are optional. No information you provide will be used in a discriminatory manner.

U.S. Armed Services veteran? Yes No

1. Are you Hispanic/Latino? Yes, Hispanic or Latino (including Spain)

No Please describe your background _____

2. Regardless of your answer to the prior question, please select one or more of the following ethnicities that best describe you:

American Indian or Alaska Native (including all Original Peoples of the Americas) Are you enrolled? Yes No

If yes, please enter Tribal Enrollment Number _____

Please describe your background _____

Asian (including Indian subcontinent and Philippines)

Please describe your background _____

Black or African American (including Africa and the Caribbean)

Please describe your background _____

Native Hawaiian or Other Pacific Islander (Original Peoples)

Please describe your background _____

White (including Middle Eastern)

Please describe your background _____

How did you find out about Naropa University's Graduate School?

Naropa University Alumna/us, Name _____ Naropa Faculty/Staff/Trustee, Name _____

Current Naropa University Student, Name _____ Guide Book (Please specify) _____

Advertisement (Please specify magazine) _____ Internet (Please specify site or search engine) _____

Graduate Fair (Please specify) _____ Other _____

SCHOOL INFORMATION

CEEB CODE	UNDERGRADUATE AND GRADUATE COLLEGES ATTENDED	CITY/STATE OR PROVINCE/COUNTRY	# OF CREDITS IN PROGRESS	NAME OF DEGREE GRANTED	GRADUATION DATE

RECOMMENDATIONS

List the people who will be sending your letters of recommendation:

Professor/Professional _____

Professor/Professional _____

Personal/Other _____

REQUIREMENTS FOR INTERNATIONAL STUDENTS

1) Test of English as a Foreign Language (TOEFL): **Required for nonnative English-speaking applicants.**

Date _____ Score _____ Date to be taken _____

2) Source of Funds document found at www.naropa.edu/gradapply.

3) Official Transcript Evaluation.

PART B—ESSAY/STATEMENT OF INTEREST

FOR ALL COUNSELING PSYCHOLOGY PROGRAMS

(Transpersonal Counseling Psychology, Art and Wilderness Therapy, Somatic Counseling Psychology and Contemplative Psychotherapy)

All of Naropa University's counseling psychology programs offer skills training and counseling career preparation, diversity work, contemplative practice, community engagement and deep personal reflection.

Given this, in a three-to-five-page, double-spaced essay, please respond to the following:

- How are you prepared to participate in this distinctive community, and how would your life and educational goals be reached by attending the program to which you are applying? Using specific examples from your life experience, please describe your inspiration, intention and commitment to studying psychotherapy in the program to which you are applying. Describe your vision of how your education will allow you to be of service in the world.

Please be sure to include:

- Your experience with working in service to others, as a professional or volunteer, in a mental health or comparable setting and what you have learned about yourself in the process;
- How you have engaged in working with your own personal process and how have these experiences prepared you for completing the program to which you are applying;
- Your experience with sitting meditation and/or body/mind awareness disciplines.

FOR ALL OTHER GRADUATE PROGRAMS

In a three-to-five-page essay, typed and double-spaced, please respond to the following:

- How does your personal and/or professional experience relate to the program to which you are applying?
- How will this program prepare you to accomplish your professional and academic goals?
- What about Naropa University most appeals to you?
- Why are you interested in pursuing this training in an experiential and contemplative academic setting?

The materials written and submitted on this application are my own and are, to the best of my knowledge, truthful and accurate. Falsification of documents could be grounds for dismissal from the university.

Applicant's Signature _____ Date _____

MAILING INSTRUCTIONS

- 1) Applications and credentials submitted for admission become the property of Naropa University.
- 2) We prefer transcripts and letters of recommendation arrive in sealed envelopes along with the application, however they also may be sent under separate cover and may arrive either before or after this application.
- 3) If you applied online, we strongly encourage you to send all supplemental materials in one package.
- 4) Do not send any materials in notebooks, protective sleeves, etc.

This application should be returned to:

Office of Admissions
Naropa University
2130 Arapahoe Avenue
Boulder, Colorado 80302

For questions:

Telephone: 303-546-3572 or outside of Colorado 1-800-772-6951
admissions@naropa.edu
www.naropa.edu

Naropa University is committed to equality of educational opportunity. The university does not discriminate in offering access to its educational programs and activities on the basis of race, color, gender, age, national or ethnic origin, religion, disability, veteran's status, sexual orientation, gender identity or gender expression.

Legal Name of Applicant: _____
Last/Family First Middle Initial

U.S. Social Security Number, if any _____ / _____ / _____ (Optional, unless you are applying for federal financial aid with the FAFSA form)

TO THE APPLICANT: Under the Family Educational Rights and Privacy Act of 1974, students who are accepted and who matriculate into the school/college program for which they applied are given the right to inspect their records, including their letters of recommendation, unless they have waived their right of review. You have the option of (1) signing the following waiver; or (2) declining to do so. **Naropa must receive this original signed form. No faxed or emailed letters will be accepted. Letters from family members, significant others or current therapists will not be accepted.**

I expressly waive the rights I might have to access this letter of recommendation under the Family Educational Rights and Privacy Act of 1974.

Signature _____ Date _____

I do not agree to the waiver above.

Signature _____ Date _____

TO THE RECOMMENDER: Before you agree to submit a recommendation, please review the reference to the federal law entitled the Family Educational Rights and Privacy Act of 1974 as presented above in our instruction "To the Applicant." Please fill out the entire form and sign the bottom. If you would like to include additional comments, you may do so on a separate sheet of paper.

How long have you known the applicant? _____

In what capacity? _____

Comments on the candidate's strengths:

Comment on areas where you feel the candidate may need some improvement:

Legal Name of Applicant: _____
Last/Family First Middle Initial

U.S. Social Security Number, if any _____ / _____ / _____ (Optional, unless you are applying for federal financial aid with the FAFSA form)

TO THE APPLICANT: Under the Family Educational Rights and Privacy Act of 1974, students who are accepted and who matriculate into the school/college program for which they applied are given the right to inspect their records, including their letters of recommendation, unless they have waived their right of review. You have the option of (1) signing the following waiver; or (2) declining to do so. **Naropa must receive this original signed form. No faxed or emailed letters will be accepted. Letters from family members, significant others or current therapists will not be accepted.**

I expressly waive the rights I might have to access this letter of recommendation under the Family Educational Rights and Privacy Act of 1974.

Signature _____ Date _____

I do not agree to the waiver above.

Signature _____ Date _____

TO THE RECOMMENDER: Before you agree to submit a recommendation, please review the reference to the federal law entitled the Family Educational Rights and Privacy Act of 1974 as presented above in our instruction "To the Applicant." Please fill out the entire form and sign the bottom. If you would like to include additional comments, you may do so on a separate sheet of paper.

How long have you known the applicant? _____

In what capacity? _____

Comments on the candidate's strengths:

Comment on areas where you feel the candidate may need some improvement:

Legal Name of Applicant: _____
Last/Family First Middle Initial

U.S. Social Security Number, if any _____ / _____ / _____ (Optional, unless you are applying for federal financial aid with the FAFSA form)

TO THE APPLICANT: Under the Family Educational Rights and Privacy Act of 1974, students who are accepted and who matriculate into the school/college program for which they applied are given the right to inspect their records, including their letters of recommendation, unless they have waived their right of review. You have the option of (1) signing the following waiver; or (2) declining to do so. **Naropa must receive this original signed form. No faxed or emailed letters will be accepted. Letters from family members, significant others or current therapists will not be accepted.**

I expressly waive the rights I might have to access this letter of recommendation under the Family Educational Rights and Privacy Act of 1974.

Signature _____ Date _____

I do not agree to the waiver above.

Signature _____ Date _____

TO THE RECOMMENDER: Before you agree to submit a recommendation, please review the reference to the federal law entitled the Family Educational Rights and Privacy Act of 1974 as presented above in our instruction "To the Applicant." Please fill out the entire form and sign the bottom. If you would like to include additional comments, you may do so on a separate sheet of paper.

How long have you known the applicant? _____

In what capacity? _____

Comments on the candidate's strengths:

Comment on areas where you feel the candidate may need some improvement:

