



MAHARISHI UNIVERSITY OF VEDIC MEDICINE

Application for Admission

For your convenience, we have provided below the necessary steps for completing your application.

1. Admission Form

- Please answer all of the questions on the application form.
- Attach a recent photo of yourself to the box on the first page of the application form.
- Please sign the application form in the space provided.

2. Application Fee

Applications for all courses require a non-refundable application fee based on groups of countries (see *Country Groups List*). Fee is Euro 300.-/200.-/100.- for Bachelor and Master of Science, Euro 210.-/140.-/70.- for Certificate, and a one-time fee Euro 30.-/20.-/10.- for all Advanced Training and Self Health Care courses taken.

Please make a bank transfer in Euro to:

Bank name : PostFinance, Nordring 8, 3030 Bern, Switzerland

Account Nr : 60-424844-9

Account name : Internationaler Verein zur Förderung der Wissenschaft der Kreativen Intelligenz

IBAN : CH38 0900 0000 6042 4844 9 / BIC/Swift : POFICHBEXXX

3. Payment and Withdrawal Policies

All fees relating to courses must be paid at least 30 days before the beginning of the chosen module(s). Modules can be paid one after the other for all courses. There is no refund if a student cancels his/her registration less than 30 days before his/her module starts.

4. The Transcendental Meditation Programme

Transcendental Meditation is an integral part of the university curriculum. Please ask the National Director for the Transcendental Meditation Programme in your country to recommend you when applying for a course.

5. Please send your application by e-mail (scanned document), fax or mail to:

Maharishi University of Vedic Medicine - Office of Admissions, c/o Maharishi Institute
56, av. Wendt, 1203 Geneva, Switzerland. Fax +41 22 733 31 42.

Important note

Specific entries or entry dates are subject to cancellation or change by the University at any time in its sole discretion.

Application Form

Please
attach
a recent
photograph
here

■ General information (Please print)

Name _____
Last (Family) First Middle Former or Maiden Name(s)

Birthdate _____
Month/ Day/Year

Birth place _____
City, Province, Country

Address: _____
Street City Province Country

Phones: _____ E-mail: _____
Home / Mobile

■ Programme options

Please check one of the options below. You may enter any programme of study. In the case of Advanced Training and Self Health Care indicate the module for which you are applying:

☐ Bachelor of Science in
Maharishi Vedic Medicine

☐ Master of Science in
Maharishi Vedic Medicine

☐ Certificate in
Maharishi Vedic Medicine

☐ Advanced Training in
Maharishi Vedic Medicine

Any module from any course

☐ _____

Self Health Care:

Single Courses in Maharishi Vedic Medicine

☐ Self-pulse Reading

☐ Prevention-oriented Health Care

☐ Diet, Digestion, and Nutrition

☐ Yoga Asanas and Pranayama

☐ Human Physiology: Expression of Total
Natural Law (Veda) I ☐ II

*Modules of credit studies have to be completed over a period of 3 months
whereas those of non credit studies have to be completed over a period of 9 months*

■ Educational and professional background

Previous training in Maharishi Ayurveda and in natural medicine (please specify):

Signature _____ Date (Month / Day / Year) _____