



Application For Admission

Institute of Transformational Hypnotherapy

P.O. Box 1293
 East Lansing, Michigan 48826
 (517) 374-6156

Please return the completed application to the Institute of Transformational Hypnotherapy. Include a one to two page statement with your personal/professional goals for utilizing hypnosis training.

| | | | | | |
|---|----------|---|---------------|--|------------------------|
| Name (Last, First) | | | | Date of Birth | Age |
| Address (Street, City, State, Zip Code) | | | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Home Telephone | | Office Telephone | | Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married | |
| U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If no please specify _____ | | Ethnic Background <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White | | | |
| High School from which you graduated? (Name, City, State) | | | | Did you earn a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Employer/Position | | | Email Address | | |
| Colleges / Universities | Location | From | To | Major | Degree or Certificates |
| | | | | | |
| | | | | | |
| | | | | | |
| Describe any experience or training you have had with hypnosis, books read, courses, therapy, or self-hypnosis. | | | | | |
| <p>I certify that the information on this application is complete and accurate to the best of my knowledge. I understand that misrepresentation of facts on this application may be cause for refusal of admission, cancellation of admission, or suspension from the Institute of Transformational Hypnotherapy. I agree that the balance for each program is to be paid at the beginning of the first session of each program, unless other arrangements are made in advance.</p> | | | | | |
| Signature_____ Date_____ | | | | | |

Please note the information on the back of this form

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The Institute of Transformational Hypnotherapy provides comprehensive training in hypnosis and clinical hypnotherapy. The training consists of three sequential 40 hour programs of theory, demonstration and practicum which lead to certification as a hypnotherapist. Each program consists of four 10 hour classes. A state of the art manual is provided with each program. Classes are held in a convenient weekend format. Tuition for each of the programs is as follows:

| <u>Programs</u> | |
|---|-------|
| Principles of Hypnosis 101 | \$795 |
| Hypnotherapy 201 | \$795 |
| Clinical Applications of Hypnotherapy 301 | \$795 |

Registration with a \$100 deposit will reserve your place. The balance for each program is to be paid at the beginning of the first session of each program, unless other arrangements are made in advance. Make checks payable to the "Institute of Transformational Hypnotherapy."

Refund Policy

If a participant withdraws from a program, tuition refunds shall be as follows:

- 1) Withdrawal prior to the beginning of class, a full refund.
- 2) A full refund if an applicant is not accepted into the training.
- 3) The following refund schedule applies if a student withdraws or is dismissed from a program:
- 4) All refunds shall be returned within 30 days, or by request, within three business days after signing a contract with the school.

| <u>Percent Completion</u> | <u>Percent Refund</u> |
|---------------------------|-----------------------|
| 1 to 10 % | 90 % |
| 11 to 25 % | 75 % |
| 26 to 50 % | 50 % |
| 51 to 75 % | 25 % |
| over 75 % | none |

Participant Conduct

Participants are expected to act in a professional and ethical manner at all times. Participants may be dismissed for unethical or inappropriate behavior.