



The International Metaphysical Ministry  
 parent body of the  
 University of Metaphysics • University of Sedona



*Personal Background Form*

(Please Print Clearly)

Date \_\_\_\_\_

Name \_\_\_\_\_ Sex  M  F  
 (First) (Initial) (Last)

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country (if outside the U.S.A.) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_

Marital Status  Single  Married  Widowed  Divorced

Number of Children \_\_\_\_\_ Ages \_\_\_\_\_

Education Completed  Grade School  Jr. High/Middle School  High School  Jr. College  
 College or University (years completed) \_\_\_\_\_

Major(s) \_\_\_\_\_ Degree(s) Received \_\_\_\_\_

Present Occupation \_\_\_\_\_ How Long \_\_\_\_\_

Previous Occupations: \_\_\_\_\_ How Long \_\_\_\_\_

\_\_\_\_\_ How Long \_\_\_\_\_

\_\_\_\_\_ How Long \_\_\_\_\_

List Three Personal References (other than relatives) (substituting an e-mail address for the address is permitted):

1) Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2) Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3) Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If you belong to any fraternal or political organizations, please list names: \_\_\_\_\_

\_\_\_\_\_

Do you now, or have you ever, had a drinking or drug problem? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

Have you taught or held credentials to teach or counsel with any religious or metaphysical organizations?

Yes  No If Yes, please give names(s) of organizations(s) and length of time you were so occupied:

\_\_\_\_\_

Childhood religious upbringing was in (religion): \_\_\_\_\_

Adult religious affiliation has been with (religion/s): \_\_\_\_\_

How long have you studied metaphysics and related subjects? \_\_\_\_\_

Please list name and length of time for study/classes from any religious or metaphysical schools or churches:

\_\_\_\_\_

Please check all of the subjects you have studied:

- Metaphysics  Science of the Mind  Unity  Positive Thinking  Meditation  Mysticism
- Yoga  Comparative Religion  Metaphysical Healing  Rosicrucian  Divine Science
- Abnormal Psychology  Old Testament  New Testament  Vedanta  Parapsychology  E.S.P.
- Astrology  Self-Hypnosis  Religious Counseling  Psychological Counseling  Occult
- Esoteric Philosophy  Buddhism  Holistic Healing  Dream Interpretation  Christian Science

Can you type? \_\_\_\_\_ Public speaking ability (rate 1–10, 10 high): \_\_\_\_\_

Describe your present health: \_\_\_\_\_

Note: Please attach a recent photo of yourself for your file and for future identification.

**PLEASE READ CAREFULLY AND SIGN**

I UNDERSTAND THAT MY CANDIDACY FOR A DOCTORAL DEGREE IN METAPHYSICS IS CONTINGENT UPON MY ESTABLISHING AND MAINTAINING A MINISTERIAL STATUS WITH THE INTERNATIONAL METAPHYSICAL MINISTRY, PARENT CORPORATION OF THE UNIVERSITY OF METAPHYSICS AND THE UNIVERSITY OF SEDONA. I UNDERSTAND THAT I MUST PAY A YEARLY MINISTERIAL ASSOCIATION FEE OF \$60.00 TO COVER ADMINISTRATIVE COSTS OF KEEPING RECORDS. I UNDERSTAND THAT MY MINISTERIAL ORDINATION DIPLOMA, ONCE AWARDED, MAY NOT BY ITSELF CONSTITUTE A LEGAL RIGHT TO PERFORM MINISTERIAL FUNCTIONS IN COMMON WITH ALL OTHER PROFESSIONAL PERSONS IN MY COMMUNITY; I MAY HAVE TO FULFILL CERTAIN STATE OR LOCAL REQUIREMENTS TO PRACTICE MY PROFESSION, AS OUTLINED ON THE LAST PAGE OF THE RESEARCH REPORT, WHICH I HAVE READ THOROUGHLY. I UNDERSTAND THAT MY DOCTORAL DEGREE IS NON-ACADEMIC, AND IS RELIGIOUS IN NATURE LEGALLY. I UNDERSTAND THAT THE UNIVERSITY IN NO WAY GUARANTEES EMPLOYMENT PLACEMENT AS A RESULT OF MY STUDIES.

I FURTHER UNDERSTAND THAT MY TUITION MUST BE PAID IN ACCORDANCE WITH THE TUITION SCHEDULE OUTLINED ON PAGE 14 OF THE RESEARCH REPORT BEFORE I CAN BE AWARDED MY MINISTERS ORDINATION DIPLOMA, PRACTITIONERS DIPLOMA, OR BACHELORS, MASTERS, AND DOCTORAL DEGREES IN METAPHYSICS. ALSO, THAT ALL TUITION PAID IS NON-REFUNDABLE, NON-TRANSFERABLE, AND IF I HAVE AGREED TO ANY STUDENT PAYMENT PLAN OF TUITION, ALL PAYMENTS ARE DUE TO THE UNIVERSITY WHATEVER MY STUDENT STATUS, ACTIVE OR INACTIVE. I ALSO GIVE MY PERMISSION FOR THE UNIVERSITY TO CONTACT THE PERSONAL REFERENCES I HAVE GIVEN ON THIS APPLICATION FORM REGARDING MY CHARACTER. I UNDERSTAND THAT THIS IS A NECESSARY SCREENING PROCESS TO ASSURE THE REPUTATION OF THE UNIVERSITY'S STUDENTS AND GRADUATES.

I THOROUGHLY UNDERSTAND AND ACCEPT THE ABOVE, AND DO HEREBY SUBMIT THIS APPLICATION FOR MY DOCTORAL DEGREE CANDIDACY.

Date \_\_\_\_\_ Signed \_\_\_\_\_