

**COMPLEMENTARY AND ALTERNATIVE MEDICINE SUMMER PROGRAM
APPLICATION FORM**

Application materials due March 1, 2010

(Please type or print clearly)

I. Personal Information

Name (first, middle, last) _____

Mailing Address _____

Contact Phone _____

E-mail Address _____

Social Security Number _____ Date of Birth _____

How did you hear about the CAM program? _____

II. Education History (list, beginning with most recent.)

Institution	Degree	Year	Major/Minor

III. Attach a current *curriculum vitae* that lists work experience, research activities, honors/awards, and publications.

IV. Submit a cover letter that details your interest or experience in CAM.

V. Submit a letter of recommendation from a faculty member or dean.

VI. Submit a copy of your transcripts from your graduate or doctoral program.

VII. Submit one copy of this application form with a \$200 nonrefundable application fee (credited towards tuition after enrollment) to:

Cindy Butler-Smith
Bastyr University
14500 Juanita Drive N.E.
Kenmore, WA 98028-4966
Call (425) 602-3129 with questions