

**APPLICATION FORM
CERTIFICATE PROGRAM IN JUNGIAN STUDIES**

We would like to know you better. Please complete this application form and send it in with you course registration.

Name: First _____ Last _____

Address: Street _____

 City _____ State _____ Zip _____

Email: _____

Phone: Home _____ Cell _____

Preferred way of contacting you ___ home phone ___ cell Phone ___ email

What is your area of study or profession?

How did you find out about this program?

Describe in a few words your what draws you to this program:

Please return this form to the Jung Institute electronically at administration@junginla.org or regular mail at: C.G. Jung Institute of LA, 10349 West Pico Blvd, Los Angeles, CA 90064