



University for Integrative Learning

of AIWP

Administrative Office: 3000 E. Main St. #166, Columbus, OH 43209

Phone: 707-586-9484, email: aiwpcentral@gmail.com

APPLICATION

Check One: MA/MS/MD PhD/DD

Last Name	First Name	Middle	
Other Names Used			
Home Address	City	State	Zip
Work Address	City	State	Zip
Home Phone	Work Phone	Birthdate	
Fax	Email		
Social Security#	Enrollment Date	Provost	

PRIOR UNIVERSITY/COLLEGE EDUCATION

Institution (Years): _____

Degrees(s) (Years): _____

Proposed Area of Concentration and Degree: _____
Please tell us how you heard about UIL (name of person/institute who referred you to UIL)

Please submit this form along with the application fee of \$50.00 (NON-REFUNDABLE) to the Provost. To complete the enrollment process, submit the following:

- 1) **Enrollment Agreement** with initial enrollment fee, payable to UNIVERSITY for INTEGRATIVE LEARNING of AIWP.
- 2) Write a brief autobiography (a paragraph or two) telling about yourself in the past, your vocational interests and degree goals. You can add to your life story and goals as you move through the program without delaying the time for enrollment.
- 3) Start an inventory of your learning experiences. (Relevant life learning and programs not appearing on University transcripts.)
- 4) Send **Transcript Request and Transmittal Form DIRECTLY to your Colleges and Universities** (not to us) requesting that official transcripts of all university/college work be sent to the office above.

(SEE REVERSE SIDE)

SUMMARY OF FEES

APPLICATION FEE (non-refundable, not applied to enrollment) \$50.00

ENROLLMENT FEES:

Option 1: \$6,000.00 per academic year (one payment for each academic year of 2 semesters/8 months)

Option 2: \$3,000.00 per semester; first payment upon enrollment, subsequent payments at the start of each following semester

Graduation Fee MA/MS/MD, PhD/DD \$100.00

Transcript Fee, per copy \$25.00

If I take longer than agreed upon at any degree level, I will have one additional semester to complete my degree before additional enrollment costs apply.

The university reserves the right to change all fees and policies without notice. UIL always maintains a policy of not changing enrollment fees during the enrollment period.

REFUND POLICY: UIL has a refund policy to assist those who determine early in any given semester that they must withdraw from the program. You **MUST**, upon enrollment, acknowledge and accept the terms of the refund policy. Fee refunds on a semester basis will be paid in the following manner: Any request for refund must be in writing. Date of mailing, e-mail, or fax notifying UIL of withdrawal is the date as of which refund policy applies.

Before or during the first week of the semester	100%
During the second week of the semester	80%
During the third week of the semester	60%
During the fourth week of the semester	40%
During the fifth week of the semester	20%
From the sixth week through end of semester	NONE

All statements made by me in this application, any attachments and all subsequent documents submitted reflect my personal accomplishments and learning. I understand that my name, degree title when conferred, and address can be listed in university publications or directories unless I specifically request that the address be confidential.

Signature: _____

Date: _____



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Spiritual Learning Center, registered with Wyoming Secretary of State

CID# 2000.00405139, Cheyenne, Wyoming 82001

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ENROLLMENT AGREEMENT

I, _____ have contracted for a _____ semester MA/MS/MD, PhD/DD (circle), at an enrollment fee of \$3,000.00 per semester. If I should take longer than agreed upon at any degree level, I will have one additional semester before additional enrollment costs are incurred.

Period of enrollment:	Master's	2 semesters or 8 months (1 academic year)
	Doctorate	4 semesters or 16 months (2 academic years) + Master's

This is a morally binding agreement, beginning with an enrollment date of _____ There are three payment options per academic year. A late fee may be charged for payment received after the fifteenth of any month in which enrollment fees are due. UIL maintains a policy of not changing enrollment fees during the enrollment period.

PAYMENT OPTIONS

Please check one:

- Option 1: 6,000.00 per academic year (one payment for each academic year of 2 semesters/8 months)
- Option 2: \$3,000.00 per semester; first payment upon enrollment, subsequent payments at the start of each following semester (4 months)

I have carefully selected the payment plan most appropriate for me from the options above. I understand that AIWP is chartered to operate UIL by the Secretary of State of Wyoming, where its spiritual learning center is located. I further understand that UIL is strictly an assessment university and does not employ or contract with faculty or institutes. I understand that UIL is not accredited, but is internationally respected. I further understand and agree to the Enrollment Agreement and to the payment option I have selected. Partial and full transcripts, diplomas, and other appropriate records requested will not be released until fees are paid in full.

I have read and understand the contents of this agreement, and agree to the provisions herein.

Learner signature: _____

First payment of _____ is enclosed per above option agreement for _____ degree program.

Please complete and sign reverse side of this agreement and submit to your Provost.

AGREEMENT APPROVAL

Print name _____

Date _____

Address _____

Telephone _____

Fax _____

City _____ State _____ ZIP _____

e-mail _____

Social Security Number _____

**Provost sends to: UIL Admissions and Accounting Division,
3000 E. Main St. #166. Columbus, OH 43209 Phone: 707-586-9484**

REFUND POLICY: UIL has a refund policy to assist those who determine early in any given semester that they must withdraw from the program. You **MUST**, upon enrollment, acknowledge and accept the terms of the refund policy. Any request for refund must be in writing. Date of mailing, e-mail or fax notifying UIL of withdrawal is the date the refund policy applies. Fee refunds on a semester basis will be paid in the following manner:

Before or during the first week of the semester	100%
During the second week of the semester	80%
During the third week of the semester	60%
During the fourth week of the semester	40%
During the fifth week of the semester	20%
From the sixth week through end of semester	NONE

Learner's initials: _____

FOR CENTRAL ADMINISTRATION USE ONLY

Number of semesters

President (print name)

Degree

President's Signature

ID# Assigned

Provost (print name)

Provost's Signature



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TRANSCRIPT REQUEST AND TRANSMITTAL FORM

Learner: Please use this form to mail DIRECTLY to your former college/university or trade school. Be sure to complete all blanks on this form before mailing them this request.

Dear ALMA MATER:

Please send an official transcript of all academic work completed while I was attending your institution directly to UIL. Please return this transmittal form along with my official transcript.

PLEASE NOTE: The university needs this form completed and returned to record credit for previous studies. Thank you.

1. I attended your institution from _____ to _____

2. While in attendance, my name on your records was:

_____ Last First Middle Maiden

3. My student I. D. Number was: _____

4. My current name is: _____
Last First Middle Maiden

Current Address: _____

City: _____ State: _____ ZIP: _____ Country: _____

SS# _____ Daytime Phone: _____

Please mail the transcript directly to:

University for Integrative Learning Admissions
3000 E. Main St. #166, Columbus, OH 43209

Student Signature: _____ **Date** _____



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INVENTORY OF PROPOSED DEGREE CREDITS

THIS IS A PROPOSED PLAN. IT IS FLEXIBLE AND CAN BE CHANGED BY THE LEARNER AND THE PROVOST

Name: _____ ID # : _____

President/Provost: _____

Degree goal: MA/MS _____ PhD _____

Enrollment date: _____ Proposed # of semesters _____

Major: _____

Degree specialization _____

TRANSFER CREDITS

Credits Transferred from other colleges/universities

Name of school	No. of semester credits
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

TOTAL COLLEGE TRANSFER CREDITS _____

PROPOSED RELEVANT LIFE LEARNING (through Essays, Prior & Current)

TOTAL PLANNED CREDITS _____

(Minimum 120+ BA, 30+ MA, 90+ PhD including MA)

UIL, through the designated Provost, approves the Learning Inventory and unit totals. The Provost will assess the Learner's work while enrolled and recommend the issuance of the proposed degree.

Learner Signature

Date

Provost Signature

Date



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RELEVANT LIFE LEARNING/CURRENT LEARNING ESSAY

This form allows UIL to assess relevant life learning/current learning completed by the Learner.

Learner: _____ Semester Units: _____

Degree Level: _____

Community Resource: _____
(Persons/institutes involved)

Course Title: _____

Provost _____

Please provide a three-plus page essay describing learning in this area of study. Discuss the key concepts and generalizations that can be made (**theory**), concrete experience with that theory (**practice**), your observations and reflections, and how you incorporate this study across disciplines, (**integrating**) it with other life learnings, meaning the “so what” that I took this course? Attach list of resources/bibliography, testimonials, letters, certificates, etc.

Learner Signature Date

Learner-contracted faculty/institute Signature Date

President/Provost Signature Date



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MAJOR STUDY ABSTRACT

Learner: _____ Degree: _____ Date: _____

Provost: _____

Major Study Title:

Write an abstract of your major study (about 300+ words, or a single-spaced typewritten page), describing the purpose, practices and critical assessment and integration (as part of your conclusion) of the study.



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LEARNER'S FINAL EVALUATION OF PROGRAM

Learner: _____ Graduation date: _____

Degree to be awarded: _____

Provost: _____



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GRADUATION INFORMATION FORM

Name: _____ ID # _____

(Printed or typed exactly as it is to appear on the diploma)

Street Address: _____

City, State, Zip: _____

Social Security #: _____ Graduation Date: _____

Telephone: _____ Fax: _____ E-mail: _____

College: _____

Provost: _____ President: _____

Degree (MA/MBA/MD, PhD/DD):

Major: _____

Specialization (to appear on transcript): _____

Learner's signature: _____

Note: Diploma and Transcripts are normally sent 45-60 days AFTER the date of graduation.

FOR OFFICE USE ONLY

All fees paid: _____
Date Initials

Learner-Drafted Transcript approved: _____
Date Provost President



UIL TRANSCRIPT HEADINGS

- UNDERGRADUATE DEGREES ACCEPTED
- GRADUATE DEGREES ACCEPTED
- COURSE ACCEPTED FROM OTHER COLLEGES/UNIVERSITIES
- RELEVANT LIFE STUDIES
- STUDIES WHILE ENROLLED
- TOTAL UNDERGRADUATE SEMESTER UNITS
- TOTAL GRADUATE SEMESTER UNITS