



**EDUCATION**

List education to date in chronological order. Please send a copy of relevant transcripts directly to Admissions. Unofficial transcripts are acceptable.

College/University/Other	City, State, Country	Dates	Major	Degree/Diploma/Certificate

High School/Other	City, State, Country	Dates	Major (if appl)	Graduate Date

**EMPLOYMENT & ACTIVITIES HISTORY**

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Current Occupation

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Employer	Location	Dates	(from-to)	Type of Work
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Please outline your hours and responsibilities:

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PREVIOUS EMPLOYMENT

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COMMUNITY AND VOLUNTEER ACTIVITIES (Please list briefly)  
Dates, Organization, Activities:

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**AUTOBIOGRAPHY**

On a separate sheet of paper, please give us a brief outline of your biography (a page or less).

**STATEMENT OF PURPOSE**

On a separate sheet of paper, please describe what led to your decision to apply to WISC. Include your goals at this time, particular areas of interest and questions you may have. Briefly comment on your strengths and weaknesses with regard to this course of study.

**LETTERS OF REFERENCE**

Please request letters of reference from two people who have worked closely with you or know you well.

Names and addresses of the people who will be sending references:

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

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

Please notify Admissions if there is any change in the above listing.

The above information is correct and complete to the best of my knowledge. I understand that all materials and credentials submitted by me and on my behalf become the property of WISC and will not be released to anyone except WISC personnel.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit a non-refundable, non-transferable fee of \$70.00 with this application. Be sure to include autobiography, statement of purpose and medical form. Letters of reference and transcripts may be mailed separately.

**PLEASE RETURN THIS FORM BY MAIL OR EMAIL TO:**

ADMISSIONS  
Waldorf Institute of Southern California  
17100 Superior St., Northridge, CA 91325  
office@waldorfteaching.org

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*The Waldorf Institute of Southern California does not discriminate on the basis of sex, race, color, religious belief, age, national origin, ancestry, or handicap in admission to the Institute, in financial aid programs in educational programs and policies*

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**STUDENT MEDICAL FORM** (Please complete and sign this form.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M / F

Name of your physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Are you currently being treated by a physician for any ongoing condition?

\_\_\_\_\_  
\_\_\_\_\_

If so, are there activities you cannot participate in?

\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any medication?

\_\_\_\_\_  
\_\_\_\_\_

Is there anything else we should know about your medical history?

\_\_\_\_\_  
\_\_\_\_\_

**PERSON TO CONTACT IN AN EMERGENCY:**

\_\_\_\_\_  
\*spouse \*relative \*friend \*other (specify): Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



For office use:

Received: Letter of reference 1: . . . . Letter of reference 2: . . . .  
Registration fee: . . . . .Transcripts: . . . . Biography: . . . .  
Statement of purpose: . . . .

**WISC CHECK LIST: (Please keep for your own reminder)**

Please keep this checklist in your records until our files are complete.

**Have you sent:**

1. Brief Biography of one page or less. This may be typed or carefully handwritten.
2. Statement of Purpose. Again, typed or handwritten, one page or less.
3. Transcripts. Unofficial transcripts are fine.
4. Letters of Reference. These can be sent separately or together with the application.
5. Registration fee. \$70 made out to WISC.

**Thank you. Please call with any questions:  
818-349-6272 or 877-394-1444**