

500-Hour Teacher Training Yoga Study Program Application



Mail or drop off this
application to:

Yoga Center of Minneapolis
Attn: Program Coordinator
212 3rd Ave. N. Suite 205
Minneapolis, MN 55401

**You may also fill the information out
in an email or Word doc and email to:
register@yogacentermpls.com

Include your payment with your application. A minimum deposit is needed to reserve your space. You must also call 612.436.4700, or by stop in the studio in person to confirm. Get your application as soon as possible as we have a limited number of spaces.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

How Did You Hear About Us?

(If referred by program by a friend, please provide a name.)

I am signing up for (select either full or individual option):

_____ **Full Program, Modules A - F** Select one, if applicable*:
_____ daytime or _____ weekend

*Note: you can combine daytime and weekend options as you like. See program details for more information.

Please indicate payment option:

_____ Paid in full by start of training: \$3800 (\$500 deposit reserves your spot in advance)

_____ Payment plan, deposit of \$500, \$292 each following month, for 12 months

_____ **Individual Modules *** Indicate first Module you plan to attend (A - F) _____

* Note: you only need to complete one application even when attending the program a la carte.

Please indicate payment option:

_____ Paid in full by start of module (a la carte): Modules A-E - \$700 each; Module F - \$475

_____ Payment plan:

Module A-E \$250 deposit and subsequent payments during each month of training
- weekend modules = \$159 for 3 months
- weekday modules = \$238.50 for 2 months

Module F \$250 deposit and subsequent payments during each month of training
- weekend module = \$125 for 2 months
- weekday module = one additional payment of \$250

Yoga Study Program Policy

Pre-registration and pre-payment is required. A full deposit reserves your space. Please register early, as space is limited. For more detailed information, call us at 612.436.4700. Reservations guaranteed only upon full payment.

Please indicate payment method:

_____ Check included, paid in full

_____ Monthly payment plan (please call the studio 612-436-4700)

_____ Please charge my credit card (please call the studio if you prefer to give cc info over the phone!)

CC# _____ Exp. _____ CVV _____

Billing Address (if different from home)

Cancellation Policy

Each student will be notified of acceptance/rejection in writing. In the event a student is rejected, all tuition, fees and other charges will be refunded. Notwithstanding anything to the contrary, if a student gives written notice of cancellation within five business days of the execution of the contract or day on which the student is accepted, then a complete refund is given regardless of whether the program has started. If a student gives a written notice of cancellation after five business days of the execution of the contract or day on which the student is accepted, but before the start of the program by the school, then all tuition, fees and other charges, except 15 percent of the total cost of the program (15 percent not to exceed \$50.00) shall be refunded to the student. If a student gives written notice of cancellation after the start of the period of instruction for which the student has been charged, but before completion of 75 percent of the period of instruction, then student is assessed a pro rata portion of tuition, fees and all other charges based on the number of days in the term plus 25 percent of the total program cost (25 percent not to exceed \$100.00.) Any notice of cancellation shall be acknowledged in writing within 10 business days of receipt of such notice and all refunds shall be forwarded to the student within 30 business days of receipt of such notice. This refund policy is not linked to any student conduct policy and any promissory instrument shall not be negotiated prior to the completion of 50 percent of the course. Written notice of cancellation shall take place on the date the letter of cancellation is postmarked or, in the case where the notice is hand carried, it shall occur on the date the notice is delivered to the school. The date of execution of the enrollment agreement shall be presumed to be the date of delivery of the notice of acceptance: and if delivered by mail, the postmark date of the letter of acceptance.

Yoga Center of Minneapolis is licensed as a private career school with the Minnesota Office of Higher Education pursuant to Minnesota Statutes 141.21 to 141.32. Licensure is not an endorsement of the institution. Credits earned at the institution may not transfer to all other institutions. Minnesota Office of Higher Education: 1450 Energy Park Drive, Suite 350, St. Paul, MN 55108, 651-642-056

5. What teachers have you studied with, outside of your 200-hour training program?

6. Please briefly describe your current practice, including specific lineages if applicable.

7. Please describe yourself in a group setting and what you might bring to this program.

8. Why are you interested in this particular program?

9. What are your expectations and what do you hope to gain from this experience?

More room on next page.....

11. Please describe a particularly challenging experience you have had in a class, either as a teacher or a student, and how it has affected you.

12. And now please describe a particularly inspiring or rewarding experience and how it has affected you.

13. What are your long term goals for teaching and training?

More room on next page.....

14. Is there anything else that you would like for us to know, as we consider your application?
