

Student in Program \_\_\_\_  
Please include advisor's name \_\_\_\_\_

Please complete this form and mail to the tutoring committee. This data is held in confidence. It is designed to help tutors serve you in your journey to high consciousness.

## Meditation Correspondence Course Enrollment

Name: (Please print) \_\_\_\_\_

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

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_

Date of Birth: (month, day, year) \_\_\_\_\_

Gender: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_

1. Why do you want to take this course? \_\_\_\_\_

\_\_\_\_\_

2. What is your current understanding of meditation? \_\_\_\_\_

\_\_\_\_\_

3. Have you ever meditated? \_\_\_\_\_ If so, with what group and in what way? \_\_\_\_\_

4. When did you begin to meditate? \_\_\_\_\_

5. How long do you meditate? \_\_\_\_\_ How often? \_\_\_\_\_

6. Do you try to maintain a pattern—same place, same time, same technique? \_\_\_\_\_

\_\_\_\_\_

7. How much time can you give this study? \_\_\_\_\_

8. Are you easily distracted by outer stimuli? \_\_\_\_\_

9. Do you tend to glance at the clock to see if the time is up? \_\_\_\_\_

10. Do you skip your meditation time on slim excuses? \_\_\_\_\_

11. Do you try to make up omitted meditations at a later time, or let them go? \_\_\_\_\_

\_\_\_\_\_

12. Is guided meditation (one led aloud by someone else) easier for you? \_\_\_\_\_

13. Do you discuss your techniques, experiences, findings, or reactions with others? \_\_\_\_\_

14. When you hear of the experiences of others in meditation, do you feel you must be doing it wrong or that you aren't "as advanced" or "as spiritual"? \_\_\_\_\_

15. Are you ever discouraged and tempted to "forget the whole thing"? \_\_\_\_\_

16. Give a brief summary of the experiences and problems you have had with meditation. (Use additional paper if needed) \_\_\_\_\_

17. Have you ever practiced seed-thought meditation? \_\_\_\_\_

18. Have you used drugs: hallucinogens, alcohol, marijuana? \_\_\_\_\_

For how long? \_\_\_\_\_ With what effects? \_\_\_\_\_

Do you now? \_\_\_\_\_ To what degree? \_\_\_\_\_

19. Have you had psychic or ESP experiences? \_\_\_\_\_

If yes, please describe. \_\_\_\_\_

20. Are you familiar with Alice A. Bailey, H.P. Blavatsky, the Agni Yoga teachings? \_\_\_\_\_  
What level of exposure have you had? \_\_\_\_\_

21. Do you have significant racial, religious, or other prejudices of which we need to be aware? \_\_\_\_\_

22. What is your educational background? \_\_\_\_\_

23. Have you read the New Testament? \_\_\_\_\_ the Old Testament? \_\_\_\_\_

24. Do you belong to a church or religious, metaphysical, occult, or meditation group? \_\_\_\_\_  
How long have you been affiliated? \_\_\_\_\_

25. Do you have a creative activity? \_\_\_\_\_ What is it? \_\_\_\_\_

Note: Any other information you wish to share is welcome. You may use additional paper for your answers.

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Enjoy exchanges with a mentor who will provide personal attention and written responses to your meditation lessons to deepen your spiritual life. Please pay the \*\$15 mentoring fee each time you submit correspondence. Mail to: Meditation Tutors, Sancta Sophia Seminary, Dept. MII, 11 Summit Ridge Drive, Tahlequah, OK 74464-9215.

\*Students are not required to pay mentoring fees.