



The Avalon School of Astrology, Inc.
THEORETICAL AND APPLIED COSMIC CYBERNETICS

Application Form

STUDENT INFORMATION

NAME: _____ Birth Date: _____

Birth Time: _____ Birth Place: _____

SS#: _____ Citizenship: USA Other: _____

ADDRESS: _____

City: _____ State: _____ County: _____ Zip: _____

TELEPHONE: (Home) _____ (Work) _____ E-mail: _____

STARTING TERM :

CLASS SCHEDULE :

EDUCATION:

School Attended	Location	Year Attended From - To	Certificate Diploma or Degree Earned

I affirm that the information in my application is accurate to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____

Attach the following requirements with this form:

1. Completed application form
2. A copy of high school diploma, GED certificate, or college transcript.
3. A letter to introduce yourself. Describe how your studies at Avalon fit in with your overall goals and interests. Include information about your educational background, work experiences, interests, and hobbies. A length of 2 to 5 pages is sufficient.

Please mail completed application to:

ATTN: Registrar
The Avalon School of Astrology, Inc.
6212 NW 43rd Street, Suite A
Gainesville, FL 32653

Phone #:352-375-1250
Email: register@avalonastrology.com
Web Site: avalonastrology.com