



NORTH CAROLINA SCHOOL OF YOGA

Application for the Advanced Studies Program



Name: _____

Phone: (_____) _____ - _____ Email: _____

Address: _____

When and where did you receive your 200 hour certification?

Please describe a little of your relationship with Chandra and why you wish to study at the NC School of Yoga.

Why do you want to take this course and what do you hope to achieve?

How do you currently apply the 10 precepts of Yoga (Yama & Niyama) to your daily life?

How will you make the time for daily practice?

How will you meet the financial requirements?

How is your diet and belief about it?

How is your physical health? Include major illness, medications and surgeries.

Please include a little about your emotional and mental health (previous or current therapy, addictions, eating disorders, bouts of depression, etc). *this is purely confidential and remember that any difficult times you have gone through will only serve to help your students who have their own difficult times.

How large a role does Mantra play in your current sadhana?

Please share your teaching experience.

If you require more space, please attach additional sheets of paper.
Kindly mail your completed application with your deposit or payment in full to:
North Carolina School of Yoga, 2012 1/2 Fairview Rd, Raleigh, NC 27608
Please call or email us with any questions: (919) 465-9495 | ncschoolofyoga@mindspring.com