

Please read carefully the section Licensure / Certification and the like (under School of Psychology) and section on Accreditation (Directory).

DISCLAIMER Must be an original and notarized.

To: IGNATIUS UNIVERSITY (of SOCAWRA) Inc., International School for Mental Health Practitioners, Inc., American Institute for Creative Living, Inc. and any other institutions affiliated or related with the aforementioned.

I _____, in making application to undertake Graduate and /or Training Studies at any of the above institutions, fully understand that the awarding of a degree, certificate or the like from any of the above institutions is neither a contract, nor guarantee, nor promise of any sort that I will be eligible in any jurisdiction or the like to be certified/ licensed for the practice of any discipline or that I am entitled to any rights, privileges, immunities and etc.

Signature _____ Print _____

State of _____ County of _____ On this _____ of _____ 20 , before me came _____ to me known to be the individual described in and who executed the foregoing instrument and that (s) he executed the same.

_____ Signature of Notary Public Stamp: