



Remedial Education Program

Rudolf Steiner College 2016-17 Application Addendum

♦ ♦ For applicants who do not have a Waldorf Teaching Diploma or are not concurrently enrolled in a Program ♦ ♦

Applicant Name: _____ Date: _____

The minimum requirements for entry into the Remedial Program are:

- One year or more of professional experience working with children in an educational or therapeutic setting, and
- Additional anthroposophical foundation studies, which must be completed before the first summer session in July 2017:
 - ♦ Nature of the Human Being (texts include *Theosophy*)
 - ♦ Cosmology (texts include *An Outline of Esoteric Science*)

The foundation requirements may be met in one of the following ways: *(please select one)*

Facsimile of official transcripts or other proof of completion of coursework from a Waldorf or Anthroposophic Training Institution.

You may stop here. Please attach your documentation to this form and submit to RSC Admissions Office.

Documentation of workshops or study groups covering the required material, led by an experienced Waldorf or Anthroposophical Teacher.

Documentation is to include course descriptions, books read, and contact information for the institution or instructor. Please complete Part I below. Part II is to be completed by the instructor.

Please submit the completed form with supporting documentation to RSC Admissions Office.

I. Workshops and Study Group Information:

a. Nature of the Human Being

Instructor: _____ Organization/Institution: _____

Completion Date: was completed on _____ will be completed on _____
(before July 15, 2016)

b. Cosmology

Instructor: _____ Organization/Institution: _____

Completion Date: was completed on _____ will be completed on _____
(before July 15, 2016)

II. To be completed by Instructor or School Official:

a. Nature of the Human Being

Name: _____ Title: _____

Phone Number: _____ Email: _____

I certify that _____ satisfactorily completed the courses listed above.

Signature: _____ Date: _____

b. Cosmology

Name: _____ Title: _____

Phone Number: _____ Email: _____

I certify that _____ satisfactorily completed the courses listed above.

Signature: _____ Date: _____

Office Use Only: <input type="checkbox"/> Supporting Documentation Received <input type="checkbox"/> Courses Approved by _____ Date: _____ Int: _____ Date: _____ Int: _____
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