UNIVERSITY OF NATURAL MEDICINE

Santa Fe, New Mexico USA (Mail Application to:109 Exchange Place, San Dimas, CA 91773)

APPLICATION FOR ADMISSION

(800) 893-3367 or (909) 592-7123 * Fax (909) 592-0102 * info@universitynaturalmedicine.org

INSTRUCTIONS: Please complete the following application carefully and thoroughly by printing clearly or typing. Use a separate sheet of paper when necessary. Please know that appropriate University officials will regard this application form as **confidential** and used only in the admission process. UNM adheres to the strictest policy that we shall never sell, trade, or loan our admissions information to any source. This form must be completed in the English language, signed, and dated. **THANK YOU!**

PERSONAL DATA

Date: _____

Name: _____

Mr/Mrs/Ms/Dr **Last** **First** **Middle** **Maiden**

Present Address: _____

_____

City **State** **Zip** **Country**

Date of Birth: ____/____/____

Month Day Year

(H) Phone ( ) _____

(W) Phone ( ) _____

Cell ( ) _____

Email Address: _____

Present Occupation/Title: _____

Employer/School: _____

_____

City **State** **Zip** **Country**

Citizenship: _____ **Native Language:** _____

Degree(s)/Diploma I am seeking:

- ☐ Bachelor of Science in Natural Health Sciences
- ☐ Master of Science in Natural Health Sciences
- ☐ Master of Arts in Body/Mind Integrative Studies
- ☐ Doctor of Philosophy in Natural Health Sciences
- ☐ Doctorate in Clinical Psychophysiology
- ☐ Doctor of Natural Medicine
- ☐ Doctor of Natural Medicine (For Health Professionals)
- ☐ Doctor of Naturopathy
- ☐ Doctor of Naturopathy (For Health Professionals)

List Diploma Program: # NUT 448 NUTRITIONAL ASSESSMENT & COUNSELING – Instructor Dr. Tel-Oren. Please return completed Final Exam to San Dimas, California for grading.

TUITION FEES: _Course, 4-Credits = $400, plus 10% surcharge = Total Tuition is $440. Upon successful completion of final examination, the University of Natural Medicine will award a certificate/diploma.

***ADD SIGNATURE*:**

STUDENT ADD PAYMENT METHOD: Check/Wire # _____ Amount $_____

VISA # _____Exp _____ Amount $_____

Master Card # _____Exp _____ Amount $ _____