UNIVERSITY OF NATURAL MEDICINE

Santa Fe, New Mexico USA
(Mail Application to: 109 N. 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. **You may FAX completed form to UNM**. 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: USA **Native Language:** English

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: _X_ #NM 407 Aromatherapy Studies, 12-Credits, Tuition is $1200 and paid directly to UNM. Shipping costs are borne by the Student. The Instructor is Jeanne Rose. Her website is www.jeannerose.net. Student works directly with Instructor throughout studies. The Instructor personally grades exam. Upon successful completion of the Final Examination, a University Certificate/Diploma will be conferred.

***ADD SIGNATURE*:**

STUDENT ADD PAYMENT METHOD: Check/Wire # _____ _____ Amount $_____
VISA # _____Exp _____ Amount $_____
Master Card # _____Exp _____ Amount $ _____