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: ____/____/____ **Social Security #**_____
Month Day Year

(H) Phone (____) _____
(W) Phone (____) _____
Cell (____) _____
Email Address: _____

Present Occupation/Title: _____
Employer/School: _____

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

Citizenship: _____ **Native Language:** _____

Degree(s) or 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: # NM 602 Darkfield Blood Analysis, 3-Credits – Instructor Dr. Maria Gabrielle (505) 438-4848.
TUITION FEES: _Course = $300 + 10% surcharge = $330. If ordering copy of *Hidden Killers* Required Reading Book, please add $25 = $355 TOTAL UNM FEES. Upon successful completion of final examination, a diploma will be awarded by the University of Natural Medicine.

***ADD SIGNATURE*:**

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