

INHS Application for Admission



PERSONAL INFORMATION: *(please print)*

Name: *Last:* _____ *First:* _____ *Middle:* _____

Address: *Street:* _____ *Apartment:* _____

City: _____ *State:* _____ *Zip:* _____

Telephone: *Home:* _____ *Work:* _____

Social Security Number (Student ID): _____

Birthdate: _____

Current Occupation: _____

Current Employer: _____

Academic History: *(Highest Level of Education)* _____

Degree Earned: _____

Name of Institution: _____

OBJECTIVE: *(Check Program of Study Desired)*

Homeotherapeutics

Bioenergetics

Acupuncture

INSTRUCTIONS:

Please return this application along with a \$25 application fee (check or money order payable to The Institute of Natural Health Sciences, transcripts, a recent resume and a recent photo to:

Admissions Office:

The Institute of Natural Health Sciences
20793 Farmington Road
Farmington Hills, MI 48336
Fax: 248-473-8141
E-mail: instituteofmich@aol.com

Date:

Signature:

The Institute of Natural Health Sciences is an equal opportunity and affirmative action institution, committed to compliance with federal laws prohibiting discrimination. Discrimination on the basis of race, sex, color, religion, national origin, age, height, weight, marital status or handicap is prohibited.

All tuition and fees paid by the applicant shall be refunded if the applicant is rejected by INHS before enrollment. All tuition and fees paid by the application shall be refunded if requested within three business days after signing a contract with the school. The \$25 application fee may be retained by the school if the application is rejected. All refunds shall be returned within 30 days.