



Application for Non-Degree Coursework

Through non-degree status, an individual may enroll for a maximum of two courses per quarter. A maximum of 12 credits completed in non-degree status may be used for transfer or for fulfilling degree requirements. A Bachelor's degree or equivalent is required to enroll in all non-degree coursework.

Please read before completing this application.

- 1. Complete the application in full.
2. Type or print clearly in black ink.
3. Enclose a non-refundable application fee of \$25.
4. Request that an official transcript reflecting degree earned be sent to SCNM.

I. GENERAL INFORMATION

Application for Non-Degree Enrollment

Quarter Year

Name

Last First Middle
Gender Birthdate Citizenship USA Other (specify country)

Ethnic Group U.S. Social Security #

Permanent resident of the United States, give your place and date of entry

How did you hear about the program?

Have you ever applied to Southwest College before? Yes No

If 'Yes', were you Accepted Denied Not Interviewed

Present Mailing Address

Permanent Mailing Address

Street

Street

City State Zip

City State Zip

Telephone (day)

Telephone (day)

Telephone (evening)

Telephone (evening)

Please list a contact in the event of a medical emergency:

Name: Relationship: Phone:

CONFIDENTIAL

II. EDUCATION

Highest degree earned _____ Major _____

III. OTHER:

1. Are you currently employed? Yes No

2. Current position _____

3. Have you worked or currently working in the health-care field? Yes No

4. Reason for taking the class. _____

Continuing Education

Personal Development

Future interest in the ND program

Other

5. Have you ever been convicted of, pled guilty or not contest to, or forfeited bail for any criminal conduct under law or ordinance, excluding only minor traffic violations? Yes No If "Yes" please attach a full explanation.

6. Do you require special accommodations? (*optional*) Yes No If "Yes" what accommodations will you need?

I hereby affirm that the foregoing information is true and accurate to the best of my knowledge. I understand that any misrepresentation or falsification of the facts may be grounds for denial of registration. I further understand that this application will be the property of Southwest College of Naturopathic Medicine and Health Sciences and cannot be returned.

Signature

Date

Please mail application to: Southwest College of Naturopathic Medicine & Health Sciences
2140 E. Broadway Road
Tempe, AZ 85282