NYARKOTEY UNIVERSITY COLLEGE OF HOLISTIC MEDICINE & TECHNOLOGY



STUDENT ADMISSION FORM



A) Diploma **B) Professional Diploma** C) HND D) B. Tech **Applicant Information** Full Name: Date:____ First M.I. Last Postal Address: Street Address State ZIP Code City Phone: Email Date of birth: Gender: Nationality: First language: YES NO YES NO Proficiency in English (Spoken): Proficiency in English (Written): Do you have any education in the biological YES NO sciences? If so, what? YES NO Have you ever been convicted of a felony? If yes, explain: Education Hiah School/College: YES NO From: To:_____ Did you graduate? Diploma: University YES NO Did you graduate? From: To: Degree: Other: YES NO Did you graduate? From: To: Degree: **Hobbies/Interests**

Previous Employment					
Company:		_			
Address:		=			

Job Title:			
Responsibilities:			
From:	To:	Reason for Leaving:	
			_
		FEES	
		YES NO	
Are you personally re	esponsible for paying your fees?		
PERSONAL STATES your interest to stud	MENT – write a few lines express dy Holistic Medicine and why	sing	
	Discla	aimer and Signature	
I certify that my ansi	wers are true and complete to the	e best of my knowledge.	
Signature:		Date:	

