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| A drawing of a face  Description automatically generated | University of America (Curacao & Florida USA) |

# Application Form for a) Bachelor b) Master c) Doctorate

**In Naturopathy & Holistic Medicine, awarded by the University of America, College of Natural Sciences**

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | Country City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Gender: |  | Nationality: |  | Date of birth: |  |

|  |  |
| --- | --- |
| Marital status: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Proficiency in English (Spoken): | YES | NO | Proficiency in English (Written): | YES | NO |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have any education in the biological sciences? | YES | NO | If so, what? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been convicted of a felony? | YES | NO |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School/College: |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Diploma: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| University: |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other: |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

## Hobbies/Interests

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Previous Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  |  |  |
| Address: |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  |  |  |  |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  | **FEES** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you personally responsible for paying your fees? | YES | NO |  |
|  |  |  |  |
| **PERSONAL STATEMENT – write a few lines expressing your interest in studying Holistic Medicine and why** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
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## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Please also send your CV or resume when returning this form to [admin@collegenaturalmedicine.com](mailto:admin@collegenaturalmedicine.com)