

APPLICATION FOR ADMISSION
Intermountain College of Natural Health

Mail the completed application to:
I.C.N.H.
677A Filer Avenue
Twin Falls, ID 83301
Tel. (208) 735-1166



APPLICANT INFORMATION

Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____
City State Zip

Mailing Address: _____

E-Mail Address: _____ Phone Number: _____

GENERAL INFORMATION

Citizenship: _____ Native Language: _____

Emergency Contact: _____

Address Relationship

ENROLLMENT INFORMATION

Program Intended: Massage Therapy Essential Oil Therapy

Enrollment Status: New Returning (readmission) Transfer Dual Programs

ACADEMIC INFORMATION

Name of School, etc. Address Dates Attended Degree

Please attach any supporting documentation you might feel we need. We will contact you regarding anything else we might need. Please list additional colleges and universities on a separate page.

SIGNATURE

In signing this form, I acknowledge that failure to disclose and submit accurate information may result in denial of admission or dismissal from the institution. I certify that all information provided is complete and true. I understand that the I.C.N.H. is registered with the State Board of Education in accordance with Section 33-2404, Idaho Code. I also understand that the State Board of Education has not accredited or endorsed the course of study being offered by the institute.

Signature of Applicant: _____ Date: _____

(See back for additional information.)

