



# INTERMOUNTAIN COLLEGE OF NATURAL HEALTH

Mail the completed application to:  
I.C.N.H.  
206 Martin Street, Suite A  
Twin Falls, ID 83301  
Tel. (208) 735-1166  
or email it to  
office@icnh4u.com

## Application For Admission

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Mailing Address: \_\_\_\_\_  
*If Different From Above* City State Zip

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Native Language: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Program Intended:  Massage Therapy  \_\_\_\_\_

Enrollment Status:  New  Returning (Readmission)  Transfer  Dual Programs

### Prior Schools or Programs Attended

| Name | Address or Location | 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 the next page.

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 33-2403, Idaho Code. I also understand that the State Board of Education has not accredited or endorsed any course of study being offered by I.C.N.H. and that these courses may not be accepted for transfer into any Idaho public postsecondary institution.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(See back for additional information)

