

REGISTRATION FORM

Please complete the following initial program application information which will be sent to a member of our admissions team for evaluation. There are no fees associated with the completion of this initial application. Information submitted will be used for internal purposes only. Under no circumstances will this information be released and/or given to a third party.

How where you referred to us?		<input type="text"/>	
First Name	<input type="text"/>	Last Name	<input type="text"/>
Street Address <input type="text"/>			
City	<input type="text"/>	Area	<input type="text"/>
Postal Code	<input type="text"/>	Country	<input type="text"/>
Email Address 1	<input type="text"/>		Email Address 2 <input type="text"/>
Phone Number 1	Home <input type="text"/>	Work <input type="text"/>	Mobile <input type="text"/>
Phone Number 2	Home <input type="text"/>	Work <input type="text"/>	Mobile <input type="text"/>
Best time to reach you by phone <input type="text"/>			

EDUCATIONAL EXPERIENCE

Do you have a high school diploma ? Yes No

Have you ever taken any college classes ? Yes No

Do you hold any college certificates/degrees Yes No

If yes, please provide dates and details

Do you hold any professional licenses ? Yes No

If yes, please provide dates and details

Do you have any prior experience with Kinesiology Yes No

If yes, please provide dates and details

Do you have any prior training in kinesiology Yes No

If yes, please provide dates and details

Do you have any prior training in holistic health ? Yes No

If yes, please provide dates and details

What is your interest for taking this program ? How do you plan on using this knowledge ?

SUBMIT