

APPLICATION



Application must be typewritten or printed legibly in ink to be accepted.

Name of applicant _____ Date _____

Street address (no POB) _____

City/State/Zip _____ Social Security # _____

Phone (Home) (____) _____ (Work) (____) _____ Date of birth ____ - ____ - ____ Place of birth _____

Height _____ Weight _____ Hair Color _____ Eye Color _____ Sex: M / F Marital Status: (M) (S) (D) (W)

of dependents _____ Relationship of dependents _____ Spouse's Name _____

Citizen or legal resident of what country? _____ State or country in which you plan to practice _____

PREVIOUS EDUCATION

PRIMARY & SECONDARY: Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

COLLEGE EDUCATION:

Name of School	Degree or Major	Credits	Degree Earned	Date
A				
B				
C				

SEMINARS, SPECIAL COURSES: _____

Current Occupation	Company	How Long?

List professional licenses or certifications: _____

Past health studies and experience: _____

Official transcripts: _____

Desired degree program: _____

Where did you hear of us? _____

I do hereby fully understand and agree that acceptance to North American University is provisional, and that I may be removed from the University, without recourse, at any time for failure to meet the standards of the University. I also agree to accept all financial conditions and agreements. I understand that all fees and tuition paid to NAU are non-refundable.

I clearly understand that the degrees offered by North American University are for the purpose of assisting people to learn how to build their own mental, social, financial, spiritual and physical health. I realize that the teachings or methods are not for the purpose of diagnosing, treating, alleviating, mitigating, curing, preventing or caring for "disease" in any way or manner whatsoever. I agree that I will not use the knowledge I obtain for any such purpose.

The University, authors and publishers offer the information contained in these Courses for educational purposes only and I specifically relieve them from any responsibility for the consequences of following any of the recommendations contained in the material offered in all Courses.

I release the University, authors, publishers and/or any instructors from any damages, claims or liability whatsoever as a result of the information presented. All information on this Application is to be kept confidential.

DATE _____ SIGNATURE _____

Type or print name *exactly* as you wish it to appear on your diploma.

AFFIDAVIT

(Everyone must complete this section.)

State of _____ County of _____

On the _____ day of _____, _____, personally appeared before me, a _____, within and for the county and state aforesaid, _____, who, being duly sworn, says that the statements herein contained are strictly true, that this application is made in good faith and with proper intent, and that s/he will, if accepted to North American University, abide by the rules and regulations of the University.

SIGNATURE OF APPLICANT _____

Sworn to before me this _____ day of _____, _____

My commission expires _____ day of _____, _____

SIGNATURE OF NOTARY _____

SEAL of Notary Public:

REFERENCES (Please enclose with application to speed processing.)

1. One personal letter, from a non-family member.
2. One business letter, from a business person who has known applicant for at least one year and attests to applicant's moral character.

Please mark (X) Photo (face) enclosed (This is a requirement.) \$45 Application Fee enclosed
 References enclosed

Enclose money order, cashier's check or pay by charge card for rapid processing.

nau101-100611

Send all required information, documentation and application to:

North American University
POB 31322
Phoenix, AZ 85046
Admissions: 855-282-4116