



INTENDED CLASSES FOR NATUROPATHIC PROGRAMS

Last Name: _____ First Name: _____

Phone: (____)_____ Email: _____

This is the class list form, which must be filled out and submitted with your enrollment materials. Please put a check next to the program that you plan to enroll in with this form then write in each class name in full and the date it meets; this will reserve a seat for you.

Natural Health Educator (1st Year)

Natural Health Therapist (2nd^l Year)

Natural Health Practitioner (3rd Year)

Certified Naturopath (4th Year)

Class Name in Full	Date I Will Take This Class	Date of Lab (or <i>no lab</i> if appropriate)
Final Exam		N/A

I am aware that if I fail to give 14-day written notice that I will be absent, I must pay a \$100 fee to attend the class at a later date. I also understand that I must register at least two days in advance for any class.

Student Signature

Date

Note: Registration will not be accepted on the day that class begins.