



CLASSES FOR NATURAL HEALTH DIPLOMA PROGRAMS

This is the class list form, which must be filled out and submitted with your enrollment materials.
We need one form for each program.

- First, please put a check next to the one program that you will be enrolling in with this form:

| | |
|--|---|
| <input type="checkbox"/> Natural Health Educator (1 st year program) | <input type="checkbox"/> Natural Health Practitioner (3 rd year program) |
| <input type="checkbox"/> Natural Health Therapist (2 nd year program) | <input type="checkbox"/> Certified Naturopath (4 th year program) |

- Second, please write in each class name in full and the date it meets; this will reserve a seat for you.

| | Class name in full | Date I will take this class |
|-----|--------------------|-----------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |
| 12. | FINAL EXAM | |

Housing Accommodations Needed: Yes / No (please circle)

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.

| | | |
|--------------------|---------------------|---------------|
| _____ Signature | _____ Print name | _____ Date |
|--------------------|---------------------|---------------|

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