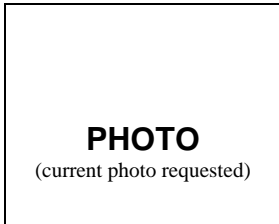


Reapplication form

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Please read before completing this application.

1. Complete the application in full.
2. All responses must be typed– for a PDF or online version, visit our website: www.scnm.edu.
3. Please do not staple application materials.
4. Enclose a non-refundable application fee of \$65.
5. Request official transcripts from each college or university attended since last application, have them sent directly to SCNM Enrollment Department.
6. Request one additional letter of recommendation. Letters should be sent by the reference to SCNM.
7. Submit personal update as to why you are re-applying.

I. GENERAL INFORMATION

This form will serve to reactivate your original application (not to exceed one year). If your original application is over one year old you are not eligible to submit a re-application form; you must submit a new full application.

Name _____

Last _____ First _____ Middle _____
 Social Security Number ** _____ Planned Enrollment: Fall Spring Year: _____

Sex:** Male Female Date of Birth (mo./date/year) ** _____ Place of Birth (city/state) ** _____

Are you applying for Transfer or Advanced Standing? (applicants w/ graduate work) Yes (see fees) No

List any other names that may appear on your transcripts/records: (i.e. birth name) _____

Present Mailing Address _____

Permanent Mailing Address _____

Street _____

Street _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Telephone (day) _____

Telephone (day) _____

Telephone (evening) _____

Telephone (evening) _____

Address applicable until _____

Address applicable until _____

E-mail Address: _____

Citizenship: U.S. Other (specify country) _____

Type of Visa (if not U.S. Citizen)

- | | |
|--|--|
| <input type="checkbox"/> Student (F-1)
<input type="checkbox"/> Permanent Resident (Immigrant U.S.) | <input type="checkbox"/> Exchange Visitor (J-1)
<input type="checkbox"/> Other (please specify) _____ |
|--|--|

Predominant Cultural/Ethnic Background ** (Information gathered will be used in a nondiscriminatory manner applicable with civil rights laws)

Are you Hispanic/Latino: Yes No

Are from one or more of the following racial groups:

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American
<input type="checkbox"/> White |
|---|--|

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Emergency Contact Name: _____ Relationship: _____ Phone: _____

Emergency Contact Address: _____

How did you hear about SCNM? _____

Please list other colleges to which you are applying at this time.

1. Have you ever been convicted of, pled guilty or no contest to, or forfeited bail for any criminal conduct under law or ordinance, excluding only minor traffic violations? Yes No If "Yes," please attach a full explanation.
2. Have you ever been found responsible for a disciplinary violation at any secondary school or college/university you have attended, whether related to academic misconduct or behavioral misconduct, which resulted in your probation, suspension, removal, dismissal, or expulsion from the institution? Yes No If "Yes," attach full explanation.
3. When did you apply to Southwest College previously? _____
 Were you? Accepted Denied Not Interviewed

II. PERSONAL UPDATE/LETTER OF RECOMMENDATION

Discuss in essay form what has transpired since your last application to Southwest College. Include relevant information pertaining to employment, additional education, etc. If you were previously denied, please describe what steps you have taken to strengthen your application and/or why you feel now is the appropriate time to reapply. Submit this information along with a new academic or occupational letter of recommendation with this form.

III. EDUCATION

Record of Colleges/Universities Attended:

List all accredited or candidate post-secondary institutions in order of attendance beginning with the most recent. If you are still in college, indicate your anticipated date of completion. Attach additional sheet if necessary.

Institution	City	State	Major	Dates Attended	Degree	Year

Applicant Self-Assessment:

Please assess yourself using the following categories.

Characteristic	Excellent	Very Good	Good	Fair	Needs Development
Intellectual Potential					
Problem Solving Skills					
Organizational Skills					
Time Management Skills					
Self Discipline					
Study Habits					
Business Management Skills					
Oral Communication Skills					
Written Communication Skills					
Interpersonal Skills					
Concern for Others					
Maturity					
Health					
Stress Management Skills					

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Have you completed all prerequisites for admission to the program? Yes No

If not, you may still apply, as long as you complete all prerequisites prior to entering the program. **All current official transcripts must be received by Southwest College prior to your scheduled interview.**

- Fill in courses required for admission.
- List all upcoming courses or courses in progress and when they will be taken (term/year)
- All credits will be verified and totaled. For students with quarter credits: 1 semester credit = 1.5 quarter credits.
- All courses listed here will be verified upon receipt of official transcripts. Grades below "C" will not be accepted

Prerequisite	College	Course Title and #	Lab	# Sem. Credits	#Qtr. Credits	Grade	Completion
*Biology 12 sem cr. w/lab Science major level							
*Chemistry 8 sem cr. w/lab Science major level							
*Organic Chemistry 4 sem cr. w/lab							
Physics							
English Comp. 3 sem cr.							
English 3 sem cr.							
Humanities 6 sem cr.							
Psychology 6 sem cr.							

*science classes must be within the last 7 years.

IV. Employment History:

Please attach a professional resume listing employment beginning with your most recent employer. Please include any medical or health care experience. Your resume may also include: community service experiences; research/lab work; teaching and tutoring experience; honors, awards and recognition; conferences attended; presentations; publications; extracurricular hobbies; other leadership experiences; and patents or licenses owned or pending.

1. Have you ever been licensed as a health care provider? Yes No
 If "Yes," please attach a copy of your license. Mark 'copy' across the face of duplicate.

Answer 2-4 only if you answered 'yes' to question IV 1. If not, please skip to 5.

2. Has your health care license been suspended /revoked? Yes No
 If "Yes," please attach an explanation.

3. Have you been accused of malpractice? Yes No
 If "Yes," please attach an explanation.

4. Do you carry professional liability insurance? Yes No
 If "Yes," please attach a copy of your cover sheet.

5. Describe the accomplishments of which you are most proud in your work history. _____

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6. Describe how you overcame a challenging work experience. _____

V. ADDITIONAL INFORMATION

1. Studies of Natural Healing/Nutrition/Counseling/Acupuncture/other:

Type of Class or Experience	Where Completed	Dates

2. What health and/or personal accomplishments are you most pleased with, and why? _____

I hereby affirm that the foregoing information is true and accurate to the best of my knowledge. I understand that any misrepresentation or falsification, including failure to report any college or university attendance, is sufficient cause for denial of admission and cancellation of enrollment and/or any credits earned. I further understand that all application materials submitted will be the property of Southwest College of Naturopathic Medicine and Health Sciences and cannot be returned. This information may be reproduced for use during my interview cycle.

Signature

Date

Please mail application and application materials to: Admissions Office
Southwest College of Naturopathic Medicine & Health Sciences
2140 E. Broadway Rd.
Tempe, AZ 85282

Application Checklist - Before mailing out your application have you:

- Signed completed application?
- Enclosed check/money order for application fee?
- Enclosed Resume?
- Enclosed Essay?
- Arranged for your transcripts to be sent directly from your college(s) to SCNM?
- Arranged for one additional letter of recommendation to be sent to SCNM?

Southwest College does not discriminate on the basis of race, disability, sex, religion, age, national or ethnic origin, sexual orientation, or marital status in the administration of educational policies, admission policies, financial aid, employment, or any other program or activity. It is Southwest College of Naturopathic Medicine & Health Science's goal to admit only the best qualified applicants. The College reserves the right to admit or reject applicants in the exercise of the College's sole discretion at any point in the admissions process. Southwest college is accredited by the Council on Naturopathic Medical Education, the accrediting agency for naturopathic colleges and programs in the United States and Canada. Southwest College of Naturopathic Medicine is a candidate for accreditation with the Higher Learning Commission of the North Central Association of Colleges and Schools. Students and graduates of naturopathic colleges and programs accredited by CNME are eligible to apply for the Naturopathic Physician Licensing Examinations as administered by the North American Board of Naturopathic Examiners.