Admissions Checklist
Applying By Fax or By Mail

You may apply and complete the admissions process at any time. Huntington College of Health Sciences (HCHS) has an open admission policy for qualified applicants. An undergraduate applicant who is beyond the age of compulsory education and who has not previously attended an institution of higher learning may be conditionally admitted upon submission of unofficial documentation of high school graduation or G.E.D. Selected students may be required to submit additional documentation.

1. Complete all items on a printed application for Admission:

**FAX** Fill in the credit card information on the last page of the application to pay the appropriate registration fee (Degree program - $200 USD; Diploma program - $100 USD; Individual course - $50 USD). Fax the application to 1-865-524-8339.

**MAIL** Either fill in the credit card information on the last page of the application or enclose a check or money order for the appropriate registration fee (Degree program - $200 USD; Diploma program - $100 USD; Individual course - $50 USD). Mail your application to: Registrar, Huntington College of Health Sciences, 1204-D Kenesaw, Knoxville, Tennessee 37919-7736.

If you list an e-mail address on your form, a message will be returned acknowledging receipt of your application. An application will not be processed until the application fee is received.

2. Request official transcripts from any educational institution* attended since high school graduation; or if you have not attended an institution of higher learning beyond high school, request official transcripts from high school or request official GED equivalent. Request the certifying institution to send transcripts directly to the Registrar, Huntington College of Health Sciences, 1204-D Kenesaw, Knoxville, Tennessee 37919-7736. Unofficial transcripts may be evaluated to expedite the admission process, but official transcripts will be required for all applicants who choose to enroll.

3. Upon receipt of the HCHS Application for Admission and all necessary documentation, the Office of Admissions will contact you with notification of the admission decision. Once approved for admission, you will be sent back a copy of this application signed by an HCHS official. This signed document will serve as your enrollment agreement.

* College or university accredited by an accrediting agency recognized by the Secretary of the U.S. Department of Education or the Council for Higher Education Accreditation (CHEA); or international equivalent.
APPLICATION FOR ADMISSION

Personal Information

Name (First/Middle/Last) | Date
---|---
Maiden Name | Nickname | Male | Female | Date of Birth
Street Address (not box #) | Social Security Number
City | State/Province | Zip/Postal Code | Country
Home telephone | Work telephone | Cell phone | E-mail
Business name or employer | Position/Title
Business/employer address | Years there? | Hours worked per week?
City | State/Province | Zip/Postal Code | Country

WHERE DID YOU LEARN ABOUT HUNTINGTON COLLEGE OF HEALTH SCIENCES?

- Internet browser
- Magazine advertisement
- Website
- Friend/Family
- Other

Intended Program/Course of Study

**Diploma Programs**
- Comprehensive Nutrition
- Dietary Supplement Science
- Sports Nutrition
- Women’s Nutrition
- Natural Sciences
- Small Business Management

**Undergraduate Degree Programs**
- Associate of Science in Applied Nutrition
- Bachelor of Health Science in Nutrition

**Individual Undergraduate Course(s) Only**

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Name</th>
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</thead>
</table>

**Graduate Degree Programs**

- Master of Science

**Individual Graduate Course(s) Only**

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Name</th>
</tr>
</thead>
</table>

Advanced Standing

**Diploma/Undergraduate Only**: I am interested in earning advanced standing through:

- Transfer credit for courses taken at another accredited institution
- Credit by examination
- Prior learning assessment

**Graduate Only**: I am interested in earning advanced standing through:

- Transfer credit for graduate courses taken at another accredited institution
- Credit by examination
- Prior learning assessment
**PRIOR EDUCATION**

>In chronological order, list all colleges, universities and high school you attended. Official/working copies of transcripts must be on file before the application process can be finalized. Official transcripts are required from any educational institution attended since high school graduation; or if you have not attended an institution of higher learning beyond high school, official transcripts from high school or official GED equivalent are required.

<table>
<thead>
<tr>
<th>Name &amp; Location</th>
<th>Dates Attended</th>
<th>Degree/Date Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**APPLICANT STATUS**

Check all that applies and complete corresponding section of application.

- [ ] New Applicant
- [ ] Individual Course (non-degree/non-diploma) Applicant
- [ ] Prior HCHS (or AAN) Graduate / New Degree
- [ ] Prior HCHS (or AAN) Student / Readmission
- [ ] Active duty military
- [ ] Eligible for employer tuition reimbursement
- [ ] Attended institutions outside the U.S.

Complete Section A

Complete Section B

Complete Section C

Complete Section D

**THIS INFORMATION IS REQUIRED FOR FEDERAL REPORTING PURPOSES**

RACE: [ ] American Indian/Alaskan Native [ ] Asian/Pacific Islander [ ] Black [ ] Hispanic [ ] White [ ] Other

MARITAL STATUS: [ ] Single [ ] Married

CITIZENSHIP:

CHECK ALL THAT APPLY: [ ] Disabled [ ] Veteran [ ] Disabled Veteran [ ] Vietnam Era Veteran [ ] Over 40+ Years

Not Applicable

**SECTION A — REACTIVATION**

Previous Date of Withdrawal

Reason for Withdrawal

Submit with this application a statement of approximately two typewritten, double-spaced pages that outlines the significant changes in your life that now allow you to resume and successfully complete your diploma or degree program at HCHS.

Not Applicable

**SECTION B — ACTIVE DUTY MILITARY DUTY**

- [ ] Army
- [ ] Navy
- [ ] Marine Corps
- [ ] Air Force
- [ ] Coast Guard

- [ ] Active Duty
- [ ] Reserve
- [ ] National Guard

- [ ] Yes
- [ ] No

I want to use my DANTES or TA benefits.

I have been counseled by my Education Service Officer or Navy Campus.
SECTION C — EMPLOYER TUITION REIMBURSEMENT

I am eligible for employer tuition reimbursement. In order to reimburse me, my employer requires the following documentation:

- a final grade report for the course.
- a statement indicating the cost of course tuition sent.
- a statement indicating the cost of course tuition and the cost of purchased textbooks.

Issue this information:

- directly to me at my home address.
- directly to me at my office address.
- directly to my employer as specified below:

  Supervisor/HR Rep: ________________________________
  Department: ___________________________________
  Company: ______________________________________
  Street Address: _________________________________
  City/State/Zip _________________________________

SECTION D — NON U.S. EDUCATIONAL CREDENTIALS

YES NO

I have previously had my educational credentials evaluated by __________________________________________
and will order an official report to be sent directly to HCHS.

I will request an evaluation from Educational Credential Evaluators, Inc. (ECE). Request forms and cost information
are available at the ECE website (http://www.ece.org). International applicants seeking admission to undergraduate
or graduate programs must obtain a general evaluation; course by- course evaluations will be required for
undergraduate or graduate transfer credit.

CANCELLATION/REFUND POLICY

Students who cancel within five days after enrolling will receive a refund of all money paid to the institution. Thereafter,
refunds will be as stated herein, and will be based upon the percentage of the course completed. The percentage of the course
completed shall be the completed number of lessons received by the school as compared to the total number of lessons in the
program. A refund for the Individual Course offerings will not be authorized by the school more than eight months after the
enrollment date, and more than 12 months after the last lesson was received from a student enrolled in an academic program
(e.g., diploma or degree program). An applicant may be denied admission if HCHS determines that the college is unable to
meet the educational needs and objectives of the applicant. If an applicant is denied admission the tuition fee will be refunded.
The registration fee will not be refunded after the five days.

<table>
<thead>
<tr>
<th>Percentage of Course Completed</th>
<th>*Refundable Tuition Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>100%</td>
</tr>
<tr>
<td>1-10%</td>
<td>90%</td>
</tr>
<tr>
<td>11-25%</td>
<td>75%</td>
</tr>
<tr>
<td>26-50%</td>
<td>50%</td>
</tr>
<tr>
<td>Over 50%</td>
<td>None</td>
</tr>
</tbody>
</table>

* Refundable tuition is the total course tuition minus the registration fee.
Tuition Costs

<table>
<thead>
<tr>
<th>Program/course</th>
<th>Tuition</th>
<th>Estimated cost books &amp; materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma in Comprehensive Nutrition</td>
<td>$2,970 USD</td>
<td>$500 USD*</td>
</tr>
<tr>
<td>Diploma in Women’s Nutrition</td>
<td>$2,970 USD</td>
<td>$670 USD*</td>
</tr>
<tr>
<td>Diploma in Natural Sciences</td>
<td>$2,970 USD</td>
<td>$690 USD*</td>
</tr>
<tr>
<td>Diploma in Small Business Management</td>
<td>$2,970 USD</td>
<td>$515 USD*</td>
</tr>
<tr>
<td>Associate of Science in Applied Nutrition</td>
<td>$9,900 USD</td>
<td>$2600 USD*</td>
</tr>
<tr>
<td>Bachelor of Science in Nutrition</td>
<td>$20,955 USD</td>
<td>$4500 USD*</td>
</tr>
<tr>
<td>Master of Science in Nutrition – Thesis option</td>
<td>$9,870 USD</td>
<td>$1,075 USD*</td>
</tr>
<tr>
<td>Master of Science in Nutrition – Non-thesis option</td>
<td>$10,440 USD</td>
<td>$1,340 USD*</td>
</tr>
<tr>
<td>Individual undergraduate course</td>
<td>$550 USD</td>
<td>Check booklist for each course*</td>
</tr>
<tr>
<td>Individual graduate course (3 credits)</td>
<td>$1050 USD</td>
<td>Check booklist for each course*</td>
</tr>
<tr>
<td>Individual graduate course (4 credits)</td>
<td>$1400 USD</td>
<td>Check booklist for each course*</td>
</tr>
</tbody>
</table>

*Shipping costs not included in estimate. Shipping costs are the responsibility of the student and will vary according to the books materials being sent and the student’s geographical location.

Application Signature

I hereby make application for admission to Huntington College of Health Sciences. I certify that all information provided is true and complete. I understand that I may be asked to provide additional information to demonstrate my ability to benefit from the intended course of study.

I have read and understood this application and Huntington College of Health Sciences catalog and I am of legal age in the state in which I reside. I realize that any grievances not resolved on the institutional level may be forwarded to the Tennessee Higher Education Commission, Nashville, TN 37243-0830, (615)741-2593.

My signature on this application is verification that I received an institutional catalog; was given the time and opportunity to review the institutional policies in the catalog; know the length of the program for full time and part time students in the academic terms and actual calendar time (as described in the catalog); have been informed of the total tuition and fee cost of the program; have been informed of the estimated cost of books and other educational materials (as described in the catalog); have been given a copy of the institutional cancellation and refund policy (as described in the catalog); understand what ‘transferability of credits’ means and the specific limitations (as described in the catalog); and have been informed that any grievances not resolved on the institutional level may be forwarded to the Tennessee Higher Education Commission, Nashville, TN 37243-0830, (615) 741-5293.

I affirm that I have read and do pledge to abide by the all rules and regulations of Huntington College of Health Sciences as set forth in the College’s Catalog if this application is approved.

I commit to satisfactorily complete all coursework and agree to fulfill my financial responsibilities to Huntington College of Health Sciences. I understand that after five calendar days, the application fee is non-refundable. I also understand that if HCHS has not received any of my assignments for courses in which I am enrolled, then this contract is null and void in 8 months.

Method of Payment

A Check or Money Order payable to Huntington College of Health Sciences in the appropriate amount is attached (Degree program - $200 USD; Diploma program - $100 USD; Individual course - $50 USD).

Charge appropriate amount to my: Visa MasterCard Discover Card American Express

Card #: _____________________________ Exp. Date _______ Signature __________________

Enrollment Agreement (for use by HCHS staff only)

With this signature, I verify that this applicant has been accepted for enrollment at Huntington College of Health Sciences.
Huntington College of Health Sciences
College/University Transcript Request

Make as many copies of this form as needed. Complete and forward a copy to each college, university, or seminary you have attended. The schools will in turn forward your official transcript to our records office. Your transcripts will be included in your permanent student file.

Most institutions charge a transcript fee. You may wish to contact your school concerning the appropriate fee.

Thank you,
Registrar

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Date: ______________________
To: Registrar

_______________________________________________
NAME OF SCHOOL
_______________________________________________
ADDRESS
_______________________________________________
CITY, STATE ZIP

Please send an official transcript of my hours and grades to Registrar, Huntington College of Health Sciences, 1204-D Kenesaw, Knoxville, Tennessee 37919-7736. Enclosed is $__________ for processing and handling.

<table>
<thead>
<tr>
<th>NAME While Attending School (Last, First, Middle Initial)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Semester Attended</td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>Birth Date</td>
</tr>
</tbody>
</table>

Present Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Thank you,

____________________________________
SIGNATURE
Huntington College of Health Sciences

High School Transcript Request

HIGH SCHOOL TRANSCRIPTS ARE ONLY REQUIRED OF UNDERGRADUATE/DIPLOMA STUDENTS WHO HAVE NOT PREVIOUSLY ATTENDED AN INSTITUTION OF HIGHER LEARNING.

Complete this form and forward it to the high school from which you graduated. The school will in turn forward your official transcript to our records office. Your transcripts will be included in your permanent student file.

Most institutions charge a transcript fee. You may wish to contact your school concerning the appropriate fee.

Thank you,
Registrar

---

Date: ______________________
To: Registrar

_______________________________________________
NAME OF SCHOOL

_______________________________________________
ADDRESS

_______________________________________________
CITY, STATE ZIP

Please send an official transcript of my hours and grades to Registrar, Huntington College of Health Sciences, 1204-D Kenesaw, Knoxville, Tennessee 37919-7736. Enclosed is $__________ for processing and handling.

<table>
<thead>
<tr>
<th>NAME While Attending School (Last, First, Middle Initial)</th>
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</thead>
<tbody>
<tr>
<td>Last Semester Attended</td>
<td>Year</td>
</tr>
<tr>
<td>Birth Date</td>
<td>Social Security Number</td>
</tr>
<tr>
<td>Present Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

Thank you,

SIGNATURE

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