

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			<input type="checkbox"/> Male <input type="checkbox"/> 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?	
<input type="checkbox"/> Internet browser <input type="checkbox"/> Magazine advertisement _____ <input type="checkbox"/> Website _____	<input type="checkbox"/> Friend/Family _____ <input type="checkbox"/> Other _____

INTENDED PROGRAM/COURSE OF STUDY	
<p>Diploma Programs</p> <input type="checkbox"/> Comprehensive Nutrition <input type="checkbox"/> Dietary Supplement Science <input type="checkbox"/> Sports Nutrition <input type="checkbox"/> Women's Nutrition <input type="checkbox"/> Natural Sciences <input type="checkbox"/> Small Business Management <p>Undergraduate Degree Programs</p> <input type="checkbox"/> Associate of Science in Applied Nutrition <input type="checkbox"/> Bachelor of Health Science in Nutrition	<p>Individual Undergraduate Course(s) Only</p> <u>Course #</u> <u>Course Name</u> _____ <p>Graduate Degree Programs</p> <input type="checkbox"/> Master of Science <p>Individual Graduate Course(s) Only</p> <u>Course #</u> <u>Course Name</u> _____

ADVANCED STANDING	
<p>Diploma/Undergraduate Only: I am interested in earning advanced standing through:</p> <input type="checkbox"/> Transfer credit for courses taken at another accredited institution <input type="checkbox"/> Credit by examination <input type="checkbox"/> Prior learning assessment	<p>Graduate Only: I am interested in earning advanced standing through:</p> <input type="checkbox"/> Transfer credit for graduate courses taken at another accredited institution <input type="checkbox"/> Credit by examination <input type="checkbox"/> 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.

Name & Location	Dates Attended	Degree/Date Received

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..... Complete Section A
- Active duty military..... Complete Section B
- Eligible for employer tuition reimbursement..... Complete Section C
- Attended institutions outside the U.S. 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

<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard	<input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>I want to use my DANTES or TA benefits.</p> <p>I have been counseled by my Education Service Officer or Navy Campus.</p>
Yes	No								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<p>Rank</p>									

Not Applicable

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.
 - before enrolling after course completion.

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 _____

Not Applicable

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.

Percentage of Course Completed	*Refundable Tuition Due
None	100%
1-10%	90%
11-25%	75%
26-50%	50%
Over 50%	None

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

TUITION COSTS

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

***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.

 APPLICANT’S SIGNATURE

 DATE

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.

 HCHS OFFICIAL SIGNATURE

 DATE

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

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.

NAME While Attending School (Last, First, Middle Initial)		
Last Semester Attended	Year	Degree Earned
Birth Date		Social Security Number
Present Address		
City	State	Zip

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.

NAME While Attending School (Last, First, Middle Initial)		
Last Semester Attended	Year	Degree Earned
Birth Date		Social Security Number
Present Address		
City	State	Zip

Thank you,

SIGNATURE