



TRANSFERABILITY OF CREDIT DISCLOSURE STATEMENT

Per SB3789/HB3857, the State of Tennessee requires all educational institutions operating within Tennessee to provide the following transferability of credit disclosure statement to prospective students, prior to enrollment:

Credits earned at Huntington College of Health Sciences may not transfer to another educational institution. Credits earned at another educational institution may not be accepted by Huntington College of Health Sciences. You should obtain confirmation that Huntington College of Health Sciences will accept any credits you have earned at another educational institution before you execute an enrollment contract or agreement. You should also contact any educational institutions that you may want to transfer credits earned at Huntington College of Health Sciences to determine if such institutions will accept credits earned at Huntington College of Health Sciences prior to executing an enrollment contract or agreement. The ability to transfer credits from Huntington College of Health Sciences to another educational institution may be very limited. Your credits may not transfer and you may have to repeat courses previously taken at Huntington College of Health Sciences if you enroll in another educational institution. You should never assume that credits will transfer to or from any educational institution. It is highly recommended and you are advised to make certain that you know the transfer of credit policy of Huntington College of Health Sciences and of any other educational institutions you may in the future want to transfer the credits earned at Huntington College of Health Sciences before you execute an enrollment contract or agreement.

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 non-refundable **\$75.00 application fee** (except in the case of denial of admission). 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 non-refundable **\$75.00 application fee** (except in the case of denial of admission). Mail your application to: **Student Services**, 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. Submit a copy of a government issued photo ID, i.e., driver's license or passport.
- 3. 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 **Student Services**, 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.
- 4. Upon receipt of the HCHS Application for Admission and all necessary documentation, the Office of Admissions will contact you for an admissions interview. 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 admissions 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

Student # _____
(For office use only)

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"/> Friend/Family _____
<input type="checkbox"/> Magazine advertisement _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Website _____	_____

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"/> Small Business Management	<p>Graduate Degree Programs</p> <input type="checkbox"/> Master of Science
<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>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

STATEMENT OF NON-DISCRIMINATION

Huntington College of Health Sciences does not discriminate on the basis of race, age, color, sex, religion, sexual orientation, national or ethnic origin, veteran status, or condition of disability in the admission of students or the administration of its educational policies or programs.

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

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.
- Applicants whose native language is not English and who have not earned a degree from an appropriately accredited institution where English is the principal language of instruction must take the TOEFL or IELTS. I will provide documentation of either a minimum score of 500 on TOEFL or 61 iBT for the Undergraduate program or a minimum score of 530 on TOEFL or 71 iBT for the Graduate program and a minimum score of 6.0 on the IELTS, including the academic writing and academic reading modules is required.

TUITION COSTS

Program/course	Tuition	Enrollment Fee	Estimated cost books & materials
Diploma in Comprehensive Nutrition	\$3,582 USD	\$100	\$850 USD*
Diploma in Dietary Supplement Science	\$3,582 USD	\$100	\$1,200 USD*
Diploma in Sports Nutrition	\$3,582 USD	\$100	\$950 USD*
Diploma in Women's Nutrition	\$3,582 USD	\$100	\$900 USD*
Diploma in Small Business Management	\$3,582 USD	\$100	\$600 USD*
Associate of Science in Applied Nutrition	\$12,139 USD	\$200	\$2,900 USD*
Bachelor of Science in Nutrition	\$25,273 USD	\$200	\$6,000 USD*
Master of Science in Nutrition	\$11,100 USD	\$200	\$2,100 USD*
Individual undergraduate course (3 credits)	\$597 USD	\$50	Check booklist for each course*
Individual undergraduate course (4 credits)	\$796 USD	\$50	Check booklist for each course*
Individual graduate course (3 credits)	\$900 USD	\$50	Check booklist for each course*
Individual graduate course (4 credits)	\$1200 USD	\$50	Check booklist for each course*

***The cost of textbooks is not included in the quoted tuition. You may purchase textbooks from a vendor of your choice. See the Undergraduate/Graduate Book List for estimated textbook cost and information.**

APPLICATION SIGNATURE

I hereby make application for admission to Huntington College of Health Sciences. I certify that I am of legal age in the state in which I reside and 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 am enclosing or providing payment information for a \$75 non-refundable application fee and understand that this application is valid for 30 days from the date of acceptance. If I do not enroll within 30 days, I will have to reapply for future enrollment.

My signature on this application is verification that I received an institutional catalog and was given the time and opportunity to review the institutional policies in the catalog. I do pledge to abide by all rules and regulations of Huntington College of Health Sciences as set forth in the College’s Catalog if this application is approved. I acknowledge that all official transcripts which I submit to the school become the property of the school and will not be forwarded to another institution or returned to me. I know the length of the program for full time and part time students in the academic terms and actual calendar time, the total tuition and fee cost of the program, estimated cost of books and other educational materials (as described in the catalog). I understand what ‘transferability of credits’ means and the specific limitations (as described in the catalog); received the Transferability of Credit Disclosure Statement; and have been informed that any grievances not resolved on the institutional level may be forwarded to the Tennessee Higher Education Commission, Suite 1900, 404 James Robertson Parkway, Nashville, TN 37243-0565, (615) 741-5293.

APPLICANT’S SIGNATURE

DATE

Method of Payment

\$75 non-refundable Application Fee

- A Check or Money Order payable to Huntington College of Health Sciences
- Charge \$75 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