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.
Graduate 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. You must be a graduate of a four year accredited institution with a GPA of 2.0 or above. 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, 117 Legacy View Way, Knoxville, TN 37918.

   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 your Bachelor’s degree*. Request the certifying institution to send transcripts directly to Student Services, Huntington College of Health Sciences, 117 Legacy View Way, Knoxville, TN 37918. Unofficial transcripts may be evaluated to expedite the admission process, but official transcripts will be required for all applicants who choose to enroll.

4. Submit a CV or complete resume detailing your personal information, employment, educational background, volunteer experiences, honors, awards, and professional certifications.

5. Provide a short essay on how the MS in Nutrition degree will fit into your career goals.

6. 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 must be 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.
# GRADUATE APPLICATION FOR ADMISSION

## PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Name (First/Middle/Last)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maiden Name</td>
<td></td>
</tr>
<tr>
<td>Nickname</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>Female</td>
<td>Social Security Number</td>
</tr>
<tr>
<td>Street Address (not box #)</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State/Province</td>
</tr>
<tr>
<td>Zip/Postal Code</td>
<td>Country</td>
</tr>
<tr>
<td>Home telephone</td>
<td>Work telephone</td>
</tr>
<tr>
<td>Cell phone</td>
<td>E-mail</td>
</tr>
<tr>
<td>Business name or employer</td>
<td>Position/Title</td>
</tr>
<tr>
<td>Business/employer address</td>
<td>Years there?</td>
</tr>
<tr>
<td>City</td>
<td>State/Province</td>
</tr>
<tr>
<td>Zip/Postal Code</td>
<td>Country</td>
</tr>
</tbody>
</table>

## WHERE DID YOU LEARN ABOUT HUNTINGTON COLLEGE OF HEALTH SCIENCES?

- Internet browser
- Magazine advertisement ____________________________
- Website _________________________________________
- Friend/Family _________________________________
- Other _________________________________________

## INTENDED PROGRAM/COURSE OF STUDY

**Graduate Degree Programs**
- Master of Science in Nutrition (M.S.)

**Individual Graduate Course(s) Only**

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

## ADVANCED STANDING

**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.

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

**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 □ Other

CITIZENSHIP:

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

**OPTIONAL**

Are there any physical limitations that would prevent you from successfully completing the course/program objectives?

___Yes ___No; If yes, please explain in more detail on a separate sheet of paper and include with your application.

□ Not Applicable

**SECTION A — ACTIVE DUTY MILITARY DUTY**

- □ Army □ Active Duty □ Yes □ I want to use my DANTES or TA benefits.
- □ Navy □ Reserve □ No □ I have been counseled by my Education Service Officer or Navy Campus.
- □ Marine Corps □ National Guard
- □ Air Force
- □ Coast Guard

Rank
SECTION B — 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 __________________________________________________________________

SECTION C — 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 one of the HCHS approved credential evaluators. 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. Contact Admissions for a listing of approved credential evaluators.

□ □ 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 demonstrate college-level proficiency in English through one of the following for admission: I will provide documentation of either a minimum score of 530 on TOEFL PBT, or 71 iBT, a 6.5 on the (IELTS) or 50 on the PTE Academic Score Report; a minimum grade of Level 3 on the ACT COMPASS’s English as a Second Language Placement Test; a minimum grade of Pre-1 on the Eiken English Proficiency Exam; a minimum B-2 English proficiency level identified within the (CEFR) standards and assessed through various ESOL examinations, including the University of Cambridge; or a transcript indicating completion of at least 30 semester hours of credit with an average grade of “B” or higher at an appropriately accredited college or university where the language of instruction was English.

TUITION COSTS

<table>
<thead>
<tr>
<th>Program/course</th>
<th>Tuition</th>
<th>Enrollment Fee</th>
<th>Estimated cost books &amp; materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master of Science in Nutrition</td>
<td>$13,616 USD</td>
<td>$200</td>
<td>$2,100 USD**</td>
</tr>
<tr>
<td>Individual graduate course (3 credits)</td>
<td>$1,104 USD</td>
<td>$50</td>
<td>Check booklist for each course**</td>
</tr>
<tr>
<td>Individual graduate course (4 credits)</td>
<td>$1,472 USD</td>
<td>$50</td>
<td>Check booklist for each course**</td>
</tr>
</tbody>
</table>

Prerequisites for Master’s program (if needed)

<table>
<thead>
<tr>
<th>Program/course</th>
<th>Tuition</th>
<th>Enrollment Fee</th>
<th>Estimated cost books &amp; materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual undergraduate course (3 credits)</td>
<td>$597 USD</td>
<td>$50*</td>
<td>Check booklist for each course**</td>
</tr>
<tr>
<td>Individual undergraduate course (4 credits)</td>
<td>$796 USD</td>
<td>$50*</td>
<td>Check booklist for each course**</td>
</tr>
</tbody>
</table>

*Prospective students will not be enrolled in the Master’s program until all prerequisite courses have been fulfilled. A $50 enrollment fee will be required to complete individual prerequisite courses. After completion of prerequisites students will only pay $150 for the Master’s enrollment fee.

Note that tuition and fees are subject to change. Estimated cost of textbooks & materials may change based on course revisions & new editions. Students will be notified prior to any tuition changes.

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

Huntington College of Health Sciences, 117 Legacy View Way, Knoxville, TN 37918 ~ 1-865-524-8079 ~ www.hchs.edu
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 60 days from the date of acceptance. If I do not enroll within 60 days, I will be required to update my application 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,
Student Services

Date: __________________________
To: Registrar

_______________________________________________
NAME OF SCHOOL

_______________________________________________
ADDRESS

_______________________________________________
CITY, STATE ZIP

Please send an official transcript of my hours and grades to Student Services, Huntington College of Health Sciences, 117 Legacy View Way, Knoxville, TN 37918. Enclosed is $__________ for processing and handling.

Name While Attending School (Last, First, Middle Initial)

<table>
<thead>
<tr>
<th>Last Semester Attended</th>
<th>Year</th>
<th>Degree Earned</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Birth Date</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Present Address</th>
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</thead>
</table>

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

Thank you,

____________________________________
SIGNATURE