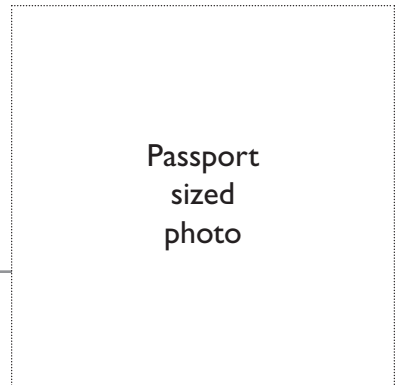




Application for Doctoral Review and Membership

Please read before completing this application:

1. Complete the application in full.
2. Please print clearly or type all information.
3. Please do not staple application materials
4. Enclose a non-refundable application and membership fee of \$325.00
5. Request official transcripts from each college, university, or professional program attended be sent directly to the AINM office.



Passport
sized
photo

General Information

Name: _____
Last
First
Middle

Social Security Number: _____ Planned Enrollment Date: _____

Sex: Male Female Date of Birth: ____/____/____ Place of Birth _____

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) _____

Email Address: _____

Citizenship: U.S. Other (Specify Country) _____

Type of Visa (if not U.S. Citizen): Student (F-1) Exchange Visitor (J-1) Permanent Resident (Immigrant U.S.)
 Other (please specify): _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

Emergency Contact Address: _____



How did you hear about AINM? _____

1. Have you ever been convicted of, pled guilty to, or forfeited bail for any criminal conduct under law or ordinance, excluding only minor traffic violations? Yes No If yes, pleas attach a full explanation.

2. Have you ever applied to AINM before? Yes No
If yes, were you Accepted Denied

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

Required Courses

- Fill in courses required for AINM acceptance.
- 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 For science majors							
*Chemistry 8 sem cr. w/lab For science majors							
*Organic Chemistry 4 sem cr. w/lab							
English Comp. 3 sem cr.							
English 3 sem cr.							
Humanities 6 sem cr.							
Psychology 6 sem cr.							

*science classes must be within the last 10 years.



Confidential Reference Form *(copy this form as needed)*

To the APPLICANT:

- Record your complete name and address in the spaces provided.
- Forward this form to your reference source.

To the REFERENCE:

- Check each item at the appropriate point on the scale which best indicates your rating of the applicant.
- Print your name and mailing address in the space provided and forward this application directly to:
Application Office
American Institute of Naturopathic Medicine
2040 Raybrook SE, Suite 104
Grand Rapids, MI 49546

Thank you for your assistance.

Contact Information

Applicant Information:

Full Name _____

Street _____

City, State, Zip _____

Telephone _____

Reference Information:

Full Name _____

Street _____

City, State, Zip _____

Telephone _____

Reference Questionnaire

	Excellent		Good		Average		Fair		Poor		Unable To Judge
	1	2	3	4	5	6	7	8	9	10	
Ability to detect and solve problems											
Capacity for leadership											
Co-operation											
Emotional Stability											
Initiative											
Integrity											
Intellectual capacity											