



National
University of
Medical
Sciences

PROGRAM APPLICATION

National University of Medical Sciences (SPAIN)

Luis Fuentes Bejarano 60, LOC 2 BIS

41020 Sevilla, Spain

Admissions: +34-919-032-336

Email: admissions@numss.com

PROGRAM CHOICE

Semester Enrollment February September
If applying for combined degrees, please make selections according to program.

Bachelor of Science in Massage Therapy – BSc (MT)	<input type="checkbox"/>
Bachelor of Science in Osteopathy– BSc (O)	<input type="checkbox"/>
Master of Business Administration – MBA	<input type="checkbox"/>
Master of Science in Athletic Therapy – MSc (AT)	<input type="checkbox"/>
Doctor of Naprapathy - DN	<input type="checkbox"/>
Doctor of Botanical Medicine - DBM	<input type="checkbox"/>
Postgraduate Doctor of Physical Therapy – DPT	<input type="checkbox"/>
Doctor of Osteopathy – DO	<input type="checkbox"/>
Other, Please specify: _____	<input type="checkbox"/>

STUDENT INFORMATION

Have you previously applied for NUMSS? Yes No

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	Last Name	First Name	Middle Name
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PERMANENT ADDRESS				It is the responsibility of the applicant to provide accurate information.				
Apt. No	Street No.	Street Name		City				
State/Prov.	PC/ZIP	Country		Email				
Area Code	Telephone (Home)		Area Code	Telephone (Work)		Ext.	Area Code	Fax

MAILING ADDRESS				Same as Permanent address? <input type="checkbox"/>		Please fill up below if different from permanent address.	
Apt. No	Street No.	Street Name		City			
State/Prov.	PC/ZIP	Country					

PERSONAL INFORMATION

Sex: Male Female

Date of Birth: _____
DD MM YYYY

Emergency Contact: _____
Name Telephone Relationship

EDUCATIONAL INFORMATION

List all secondary and post-secondary institutions attended, in chronological order, beginning with the most recently attended. Please ensure that for each institution listed, an official transcript is forwarded directly to the University.

Name/s of Institution/s	Date/s Attended		Area of Study	Types of Certification Received (Certificates, Diploma, Degree)
	From	To		

EMPLOYMENT HISTORY

Will you be a secondary school graduate by the first day school? Yes No

Name of Company	Period of Employment		Position	Contact Person	Telephone
	From	To			

You may provide additional information which you feel might be relevant to the admissions process. This could include your resume, record of community service and leadership, personal achievements, academic distinctions, and/or a brief letter outlining your reasons for choosing this program.

APPLICATION CHECKLIST

Please note that your application cannot be processed without the application fee and all accompanying documents. When submitting your application please ensure that:

- | | |
|--|---|
| <input type="checkbox"/> the entire application form is completed, signed and dated. | <input type="checkbox"/> two (2) passport-sized photographs are included. |
| <input type="checkbox"/> all transcripts are attached. | <input type="checkbox"/> you included the non-refundable application fee of €250 made payable to National University of Medical Sciences (NUMSS). |
| <input type="checkbox"/> a copy of a government issued photo ID is included. | |

DECLARATION

I hereby apply for admission to National University of Medical Sciences (NUMSS). I understand the application fee covers the cost of processing the application and is not refundable. I hereby affirm and declare that all statements contained in this application for admission are true, correct, and complete and that I have not misrepresented or withheld any fact that would, if fully and accurately disclosed affect my application unfavourably. I understand that false statements, misrepresentations, and/or omissions on this application may be considered sufficient cause for rejection of this application, or, if successfully admitted, suspension or expulsion from National University of Medical Sciences (NUMSS) upon discovery of any such false statement.

Applicants Signature

Date