

# Texas Institute for Homeopathy

## Enrollment Application for 1 Year Basic Course

Please **PRINT** clearly and be as thorough as possible.

All the information is needed for administrative purposes.

Please circle anything you do **NOT** want published in the student directory.

Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: \_\_\_\_\_  
Month Day Year

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Work Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

### Previous Homeopathic Education:

Please list any formal education, (i.e. with whom/school), dates attended, and hours conferred.

Other education and/or licenses:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application must be accompanied by a check or credit card for the total tuition fee.

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