

TEXAS INSTITUTE FOR HOMEOPATHY
ANATOMY & PHYSIOLOGY ENROLLMENT FORM

Name (Last, First, Middle)

Address:

Phone: _____ Fax: _____

e-mail: _____ Date of birth _____

Other therapies studied/practiced:

Previous qualifications or experience in Anatomy & Physiology:

Do you wish to apply to opt out of the Anatomy and Physiology requirement?*

Yes _____ No _____

* If you respond in the affirmative to this question, then you must supply the TIH with a copy of a transcript that shows that you have taken and passed a similar course of study at an acceptable institution.

Name (Printed): _____

Signed _____ Date _____