



National University of Medical Sciences (USA)

PROGRAM APPLICATION National University of Medical Sciences (USA)

Calle Vekasquez, 15
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Madrid, España

Admissions: +34-919-032-336
Email: admissions@numss.us

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 Osteopathic Manual Practice – BSc (OMP) | <input type="checkbox"/> |
| Master of Business Administration – MBA | <input type="checkbox"/> |
| Master of Science in Athletic Therapy – MSc (AT) | <input type="checkbox"/> |
| Doctor of Botanical Medicine - DBM | <input type="checkbox"/> |
| Doctor of Naprapathy - DN | <input type="checkbox"/> |
| Postgraduate Doctor of Physical Therapy – tDPT | <input type="checkbox"/> |
| Doctor of Philosophy in Osteopathic Clinical Sciences – PhD (OCS) | <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? 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 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

EMPLOYMENT HISTORY

| Name of Company | Period of Employment | | Position | Contact Person | Telephone |
|-----------------|----------------------|----|----------|----------------|-----------|
| | From | To | | | |
| | | | | | |
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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 \$ 275.00 made payable to National University of Medical Sciences. |
| <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