

# WESTBROOK UNIVERSITY

## APPLICATION FOR ADMISSIONS

\*Please Type or Print neatly all information.  
\*\*Please attach a recent photograph of the student.

### Biographical Information:

**1. Full Name:**

\_\_\_\_\_

*Last Name*                      *First Name*                      *Middle Name*

Former Name: (as it might appear on an official record): \_\_\_\_\_

**2. Home/Permanent Address:** \_\_\_\_\_ Apt. # \_\_\_\_\_

\_\_\_\_\_

*City*                                      *State*                                      *Zip Code*                                      *Country*

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Best time to call: \_\_\_\_\_

FAX: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**3. Social Security Number** = (Student ID #) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**4. Country of Citizenship:** \_\_\_\_\_

### Educational Information:

**5. High School** (or equivalent): \_\_\_\_\_ *Date of Completion* \_\_\_\_\_

\_\_\_\_\_

*City*                                      *State*                                      *Zip Code*                                      *Country*

**6. College Name** (last attended): \_\_\_\_\_

\_\_\_\_\_

*City*                                      *State*                                      *Zip Code*                                      *Country*

( ) Date of completion: \_\_\_\_\_ ( ) If not, list credits earned: \_\_\_\_\_

Highest Degree and Major: \_\_\_\_\_

\_\_\_\_\_ Type of credits: ( ) Semester ( ) Quarter

*Subjects of Special Emphasis or Interest*

**College Name:** \_\_\_\_\_

\_\_\_\_\_

*City*                                      *State*                                      *Zip Code*                                      *Country*

( ) Date of completion: \_\_\_\_\_ ( ) If not, list credits earned: \_\_\_\_\_

Highest Degree and Major: \_\_\_\_\_

\_\_\_\_\_ Type of credits: ( ) Semester ( ) Quarter

*Subjects of Special Emphasis or Interest*

**7. Other Education:** (Continuing education, correspondence courses, vocational training, seminars, workshops, etc.)  
Please Note: All forms of education must be verified in writing and notarized. (See Verification form).

#1: \_\_\_\_\_ Dates: \_\_\_\_\_

Course or Subject: \_\_\_\_\_ Hours of instruction: \_\_\_\_\_ Credits earned: \_\_\_\_\_

#2: \_\_\_\_\_ Dates: \_\_\_\_\_

Course or Subject: \_\_\_\_\_ Hours of instruction: \_\_\_\_\_ Credits earned: \_\_\_\_\_

**8. Other Experiences:** Students are allowed to apply up to 30% of their inbound transfer credits toward their first degree requirements. Experiential credits may not exceed 30% of the incoming credits and may not be applied toward a Doctoral Degree.

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<i>Experience or activity</i>	<i>Date</i>	<i>Number of hours completed</i>
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<i>Experience or activity</i>	<i>Date</i>	<i>Number of hours completed</i>
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**9. Current Employment** (Job/Title): \_\_\_\_\_

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<i>Name and address of organization</i>	<i>Date of employment</i>
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Description of duties, responsibilities: \_\_\_\_\_

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**10. Previous Employment** (Job/Title): \_\_\_\_\_

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<i>Name and address of organization</i>	<i>Date of employment</i>
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Description of duties, responsibilities: \_\_\_\_\_

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## Program Selection:

**11. I am seeking the following Degree Program(s)**

- Bachelor's degree (B.A., B.S.) • 35 hours of general education required for graduation.
- Master's degree (M.A., M.S.) • Must have a Bachelor's degree to enter this program.
- Doctoral degree (Ph.D., D.Sc.,) • Must have a Master's degree to enter this program.
- Doctor of Naturopathy (N.D.) • Must have a Bachelor's degree to enter this program.
- Integrative Medicine • Must have a M.D., D.O., D.D.S., D.C., O.M.D. or other professional degree.
- Holistic Nursing (B.S., M.S., Ph.D.) • Must be an R.N. or L.P.N. to enter this program.
- Bachelors/Naturopathic program • 35 hours of general education required for graduation.

**12. I am seeking my degree(s) in:** \_\_\_\_\_

**13. I am seeking the following Diploma Program(s):**

- Auricular Therapy
- Aromatherapy
- Bach Flower Remedies
- Blood Chemistry and Urine Analysis
- Colon Hygiene
- Hair/Mineral Analysis
- Homeopathy
- Program #1 - British Institute
- Program #2
- Program #3
- Iridology
- Iridology (NIRA Requirements)
- Nutritional Counseling
- Polarity Therapy
- Reflexology
- Other \_\_\_\_\_

**14. I am seeking the following course(s) ONLY:** \_\_\_\_\_

**15. I first heard about Westbrook University from:** \_\_\_\_\_

**16. The date I first spoke with the Admissions Director was:** \_\_\_\_\_

**17. Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Date received \_\_\_\_\_ by the Admissions Office.

Revised: DEC-06

## Payment Information:

**18. Payment Options:** Note: Registration/Graduation and general fees are due at the time of enrollment for all degree programs. Prices are subject to the enclosed price sheet and to change without notice.

**Plan I:** I agree to pay my tuition in no more than six (6) large installments in U.S. dollars, according to the student enrollment agreement.

**Plan II:** I agree to pay my tuition as follows: A minimum down payment with the remainder to be serviced by WEG Financial Services at their current service charge in U.S. dollars in accordance with the student enrollment agreement.

**Plan III:** Full payment of tuition and fees in U.S. dollars upon enrollment.

**Charge to:**  American Express  Discover  Master Card  Visa

*All funds must be submitted in U.S. Dollars and drawn on a U.S. bank.*

**19. Credit Card number:** \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_ Signature: \_\_\_\_\_

Security Code [       ]

**20. Refund Policy:** All refunds are based on the signed date of the Enrollment Agreement and must be requested in writing, without exceptions. The student has 7 days in which to complete all contractual agreements and return the contract signed, dated and with all necessary fees. If all terms and conditions are not met within the 10-day period, the contract may become null and void. Foreign students will be granted an extension of 21 days. Refunds may take from 30 to 45 days to process. Applications fees and shipping charges are non-refundable.

**21. Health Statement:** Do you have any health problems that would interfere with your ability to read, write, comprehend, interpret or complete courses in an independent study program? I understand that if I have any conflicting health related problems that it will be my responsibility to study and test within Westbrook University guidelines. I further understand that Westbrook University stands ready to assist each and every student to succeed in completing their chosen degree program.

No  Yes (Please describe) \_\_\_\_\_

\_\_\_\_\_  
(Attach additional page(s) as necessary)

Date received \_\_\_\_\_ by the Admissions Office.

Revised: DEC-06

## **Policy Information:**

### **NON-DISCRIMINATION POLICY**

The University is in compliance with all requirements imposed by or pursuant to Title VI of the Civil Rights Act of 1964 and Section 504, Rehabilitation Act of 1973. The University does not discriminate on the basis of race, color, age, religion, sex, national origin, or physical handicap in its educational programs, activities or employment policies, in accordance with federal, state, and local laws.

### **CONFIDENTIALITY**

Each student has the right to inspect and/or review his/her educational records such as official transcripts; courses and grades; records of prior learning and life/work experience; admissions records; and character references. All student records are held in strict confidence. The University is aware of the confidential nature of students' records, both personal and academic; therefore, the University exercises extreme care and concern in recording and maintaining information. Such information shall not be released to unauthorized persons or agencies without written consent from the student.

### **COURSE RETURNS AND EXCHANGES**

Students have 30 days to preview every course shipped to them. Each course has a shipped date on the cover sheet. The University will use this date to begin the 30-day count. If the course does not meet your needs or expectation, you must call the University within the 30 days and return the course with a letter of explanation within 45 days of the shipped date. A \$25.00 check must be included with the course and letter for the return or exchange to take place. Courses will not be accepted beyond the 45 days limitation for return or exchange. It is the student's responsibility to preview each course and order all the necessary textbooks immediately upon receipt of every course. Failure to obtain the required textbooks after the 30-day preview period is not a valid reason for exchanging or returning a course of study.

### **COURSE COMPLETION**

All degrees must be completed within ten years. Students are required to submit, for grading, a minimum of one course every six months to remain on active status.

### **TEXTBOOKS**

Tuition does not include required textbooks, manuals, audio or videotapes or any other supplies necessary to complete projects. Although Westbrook University makes every effort to coordinate study materials, the student is ultimately responsible for all course requirements.

## **Contact Information:**

**Complete Application for Admissions and mail to:  
Westbrook University  
Admissions Director**

### **APPLICATION CHECKLIST**

Application is considered complete when Westbrook University receives the following:

- \$100.00 Application Fee (U.S. dollars only)
- \$100.00 Evaluation Fee (U.S. dollars only) if submitting incoming credits
- Completed signed Application for Admissions
- Official sealed transcripts from all colleges and universities attended
- Verification of courses studied completed forms

Admissions Office Hours: 9:00 AM - 4:00 PM Monday through Thursday

If you have any questions, write to the above address or call our toll-free at (800) 447-6496

TEL **(800) 447-6496**

Web Site and Catalogue: [www.westbrooku.edu](http://www.westbrooku.edu)

EMAIL: [wu.admissions@verizon.net](mailto:wu.admissions@verizon.net)