



UIH Office of Admissions and Recruitment

GENERAL INFORMATION

Which month and year do you plan to enter UIH? (Please Circle) Spring (January)/(Fall) August, Year _____

Which program are you applying for? _____ (Write name of the program)

What is your highest degree of education? _____ (Write name of the program/degree)

Name First Middle Last

Social Security Number / Social Insurance Number (if you are in US) Date of Birth

Address Street Apt. or Box #

City State / Province Zip / Postal Code Country

Phone # E-Mail Address

How did you first hear about UIH? _____

Are you a U.S. citizen? (Please Circle) Yes / No

Do you currently hold another professional license? If so, what is your credential? _____

Have you taken the following standardized exams? (Please Circle) SAT/MCAT/GRE/GMAT/IELTS/TOEFL or any other

If yes, write name, date, and score _____

REFERENCES

Please provide each referent with a Character Reference Questionnaire and have him or her send the completed form directly to the Office of Admissions. Please note: These references cannot come from family members.

Name #1 Name #2

I, the undersigned, certify that the information contained in this application is true and correct. Signature of Applicant _____

In order to complete your application, you need to submit unofficial transcript(s) of your previous education, two professional recommendation letters, and proof of proficiency in English language (only for international applicants) with this completed form by email to admission@uih.education.

The University of Integrated Health admission fee is \$99 The University of Integrated Health, UIH, Office of Admissions