



Program Application

National University of Medical Sciences
 Calle Velazquez, 15
 1º Derecha, 28001
 Madrid, España

Admissions: +34-911234191
 Fax: +34-917905341
 Email: Admissions@NUMSS.com

PROGRAM CHOICE

Have you previously applied for the NUMSS? Yes No

Bachelor of Science in Osteopathy	<input type="checkbox"/>	Master of Science in Pedorthics	<input type="checkbox"/>
Master of Business Administration (Health Care)	<input type="checkbox"/>	Other _____	
Doctor of Osteopathy	<input type="checkbox"/>		
Master of Science in Athletic Therapy – MSc (AT)	<input type="checkbox"/>		

COMBINED PROGRAMS

BSC//MBA	<input type="checkbox"/>	MBA/DO	<input type="checkbox"/>
BSC/DO	<input type="checkbox"/>	BSC/MBA/DO	<input type="checkbox"/>
BSc(O)/MSc(AT)	<input type="checkbox"/>	Other _____	

<input type="checkbox"/> Mr.	Last Name	First Name	Middle Name
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms.			
<input type="checkbox"/> Dr.			

PERMANENT ADDRESS

It is the applicants responsibility to provide accurate and current information

Apt.NO.	Street No.	Street name			City	
Prov./State	PC/ZIP	Country		Email Address		
Area Code	Telephone(Home)	Area Code	Telephone(Work)	Ext.	Area Code	Fax:

MAILING ADDRESS

If your mailing address is the same as your permanent address check this box if not complete this section

Apt.NO.	Street No.	Street name			City	
Prov./State	PC/ZIP	Country		Semester <input type="checkbox"/> February <input type="checkbox"/> September		

PERSONAL INFORMATION

Sex: M F

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 Academy you are applying to.

Name/Type of Institution	Dates Attend		Area of Study	Type of Certification Received (Certificate, Diploma, Degree)
	From	To		

EMPLOYMENT HISTORY

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

Name of Company	Period of Employment		Position	Contact person	Telephone No.
	From	To			

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 ensure that:

<input type="checkbox"/> The entire application form is completed, signed and dated	<input type="checkbox"/> two passport size recent photographs are attached
<input type="checkbox"/> all transcripts are attached	<input type="checkbox"/> you included the non-refundable application fee of €192.50 made payable to National University of Medical Sciences (NUMSS)

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. 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.

Applicant's signature

Date