

APPLICATION FOR ADMISSION

Please send completed application to
The Registrar, British Institute of Homeopathy
580 Zion Road, Egg Harbor Township, New Jersey, U.S.A. 08234

Fax to: 609-653-1289 Email to: registrar@bihint.com

The British Institute of Homeopathy is a homeopathy school committed to provide a thorough and comprehensive classical homeopathic education to students and professionals, live and online, through distance education.				
How did you hear about us: () Website () Facebook	() Internet () Other, specify			
APPLICATION CATEGORY (Please tick an X whatever appl	lies to you)			
() Local () International (College/University Information (Address, Telephone, Email –) Transfer (please provide information of school below) Address):			
PROGRAM OF STUDY				
Program: () Basic/Elective () Professional Homeopathic	Practitioner Program () Herbs and Herbal Medicine			
Please note that the Professional Homeopathic Practitioner Program consist (200 study hours); Homeopathy in Practice (100 study hours): and The Adricial Training in Homeopathy (complete in 2 years of 500 clinical hour Physiology and Pathology subjects, which can be taken with BIH.	vanced Studies in Homeopathy (250 study hours), plus			
For Professional Homeopathic Practitioner Program On	ly:			
() Accelerated (2 years) () Full Time (3 years)	() Part Time (4 to 6 years)			
Courses: Homeopathy () Introduction to Homeopathy HF101 () Clinical Homeopathy for Healthcare Professional HF101-A () Foundation of Hahnemannian Homeopathy HF102 () Clinical Training in Homeopathy CT202 () Homeopathy in Practice HIP201 () Advanced Studies in Homeopathy HAH301 () Fundamentals of Veterinary Homeopathy HV101	 () Foundations of Veterinary Homeopathy HV102 () Fundamentals of Homeopathic Pharmacy HP101 () Foundations of Homeopathic Pharmacy HP102 () Foundations of Dental Homeopathy HD102 () Women's Health Module I HW 201 () Comprehensive Women's Health (Modules 1, 2 & 3) HW202 			
Human Sciences	Herbology			
() Anatomy and Physiology AP201() Human Pathology and Disease AP202	() Foundations of Herbology and Herbal Medicine HRB101 () Nutrition and Herbology NH101			

Nutrition		Flowers Essence Study	
 () Introduction to Nutrition NU () Foundations in Clinical Nutrition are Biochemic Remedies NBR202 	tion CN302 nd	() Bach Flower Practiti () Gemmotherapy GEN	
PERSONAL INFORMATION			
Gender: () Male () Female			
Name:		Email Address:	
Mailing Address:			
City:	Province/State:	Postal Code:	Country:
Telephone:		Telephone:	
Date of Birth:			
Primary Language Spoken:			
Applicants whose first language is not Eng internet based Test of English as a Foreign provided with the student's Application for	n Language (TOEFL) or Internati or Admission.	onal Language Testing System (IEL	TS) must be completed and
Occupation:			
Highest Education Achieved:			
Licenses/Certificates:			
APPLICATION FEE AND REQUIR	REMENTS		
Please note that there is a \$75.00 considered for admission. Cheque, for bank information for Wire Trar involved.	/Money Order is payable nsfer, Paypal and Transfer	to: British Institute of Home wise. The payor is responsib	eopathy. Please call/email ple for the Transfer Fee
Method of Payment: () Credit () Paypal	Card () Cheque (I () Transferwis		re Franster
For Credit Card Payment:			
Name on Card:		Card Type:	
Billing Address:			
Card Number:	Expiry Dat	te:	CVV:
Authorized Signature:		_	
Requirements:			
-			

requirements will result in the delay of processing of your based on religion and culture, please provide documenta	
 () Letter of Intention () Government issued ID with photo or passport () Certificate/Diploma of Associate Degree or Higher Ed () Official Transcript of Records (if translated in English, translated in English Language proficiency test result (if applicable () Other credentials, i.e. CEUs, etc. (if any, but not necess) 	ranslation must come from the certified translation services)
APPLICANT STATEMENT	
Applicant's Statement If accepted by the British Institute of Homeopathy, I inten BIH community, abide by the policies of the Institute, and study.	, , , ,
Signature of Applicant:	Date of Signature:
Freedom of information and protection of privacy Your personal information on this form is collected as a reneeded to process your application. If you have any quest please contact the Registrar at 609-927-5660 or email region confidentiality and is only to be used for this particular pu	tions about the collection and use of this information, gistrar@bihint.com. All information is held in
For Office Use Only (must be handwritten):	
Received by:	Date Received:
Verified by:	Date Verified:
() Proceed to Advanced Placemer	nt Test
Approved by:	Date of Approval:

Please submit a copy of the following documents with your completed and signed Application Form. Incomplete