



Application Form

Applicant Information

When completed, this Application should be sent to the Student Admissions at the above address, with the following:

- Photocopies of qualifications
- Two recent passport photographs
- Name and address of two references

Male
 Female

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Contact Address (during term if known):

Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Email _____

Mobile Phone: _____

Name on qualifications (if different): _____

Profession: _____ Nationality: _____

Year of Application: _____ Social Security No.: _____

Desired Course: _____

Where did you first hear about the College? _____

Are you a citizen of Greece or European Union? YES NO

If no, do you require any student VISA to enter the country. YES NO

Have you ever studied alternative medicine? YES NO

(If yes, fill in section on page three)

I have read the prospectus and wish to apply to study:

NB: You will be asked to bring original documents, passport and your reference to interview.

For College Use Only	
Interview Date:	Enrolment Date:
Certificates seen & copied	Reference Request Date:
Passport seen & copied	Reference Return Date:
Health Status written	Comments to Student Administrator:
CR declaration	
Signature:	

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Criminal Offense Declaration Form

Have you been convicted of, cautioned for or charged with any criminal offense? Conviction includes being put on probation or being given an absolute or conditional discharge or being bound over or being given formal caution.

Have you ever been convicted of a criminal offence in your country of residence or in any other country?

Yes
No

Have you ever been charged with a criminal offence in Greece?

Yes
No

In the event that you have answered yes to either of the above questions please provide details below: (Please continue on a separate sheet if necessary.)

Details:

Date Court Offence:

Court Outcome:

I declare, to the best of my knowledge and belief, that the information I have given in this document is true. I am aware that if I am offered an unconditional place on the course, I will be required to complete an on-line Criminal Records (CR) application. I understand that I must submit the necessary documents as soon as possible, when requested, in order to participate in clinic practice learning. I understand that a record of a criminal offence for which I have been convicted, cautioned or charged may prevent me from being permitted to complete the course or subsequently being eligible for state registration.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to enrolment to ACEAM, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____