

Credit Transfer Assessment Application

Edison Institute *of* Nutrition

Phone: 1-800-456-9313
Fax: 1-888-466-5574
E-mail: info@edisoninst.com

Instructions: Please complete the following application and submit to the Edison Institute of Nutrition by email or fax.

Applicant Data

Name of Applicant _____ Date of Birth _____ M F O
MM/DD/YYYY

Address _____

City _____ Province/State _____ Country _____ Postal/Zip Code _____

Shipping Address (other than above) _____

Telephones (incl. area code): Home/Cell _____ Work _____

E-mail address _____

Yes, I would like to receive the Edison Institute monthly newsletter. Newsletters include the latest nutrition information, protocols, products, webinar group discussion and employment opportunities.

Previous Post-Secondary Education

Postsecondary Education that will apply toward Advanced Standing Credit Assessment:

College/University/Institution	Major	Degree Earned	Date	Name on Transcript

Additional Information

I graduated from the following nutrition school or other health related programs:

Payment Information

Credit Transfer Assessment Fee: \$80.00 plus applicable tax - Please do not send payment until you receive an invoice.

Method of Payment: Visa/Mastercard eTransfer email to info@edisoninst.com Wire Transfer

Attach a head shot photo of yourself (can be cropped, if needed)

Please call us with your credit card information - do not include in email application.

Agreement

The Accelerated Program offers exemptions from subjects in the Diploma Program based on previous education. Those who have prior education in nutrition or related fields may have fewer subjects to complete from the diploma program.

An assessment will determine what transfer credits will be awarded for post-secondary courses related to Edison's curriculum and deemed to be equivalent of the diploma program subjects. In such cases, a customized program will be created.

A copy of your transcript is required to start the assessment process and an original is required for confirmation prior to graduation. Once we have this information, we can complete your assessment and create a custom program with an accurate program fee.

I hereby fully understand and agree that acceptance by EIN is provisional and that I may be removed from any EIN instructional program at any time, without recourse, for failure to meet its standards. I agree to accept all financial conditions and agreements.

I clearly understand that nutrition is a science of wellness whose sole purpose is to teach me how to build and maintain nutritional well-being, both for myself and others. I also understand that the teachings or methods of nutrition are not for the purpose of diagnosing disease or for providing medical advice and should I engage in such behaviour, I do so entirely at my own risk and discretion. If medical care should be required, it is the recommendation of EIN and its authors and publishers that capable, qualified medical personnel be consulted.

EIN offers its published material and courses simply for informational purposes, and I specifically relieve EIN and its authors and publishers from any responsibility for the consequences of following any of the recommendations contained in material offered by EIN.

I understand that EIN's programs are not designed to meet any national, state or local licensing or credentialing laws and that it is my responsibility to investigate this area thoroughly.

I release EIN and/or its authors, publishers and instructors from any damages, claims or liabilities whatsoever, as a result of the information presented.

I hereby certify that all the above information presented by me is true and accurate.

Signed _____

Date _____