



SUBJECT PARTICIPATION

Southern School of Natural Therapies
in conjunction with
La Trobe University

BACHELOR OF NURSING / BACHELOR OF NATUROPATHY (Course Code 1200)

YEARS 4 & 5 NATUROPATHIC SUBJECTS

I CONFIRM MY INTENTION TO PARTICIPATE IN THE FOLLOWING SUBJECT/S FOR SEMESTER ONE OF 2009 AND HAVE ENROLLED VIA LATROBE.

(Please attach confirmation of LaTrobe enrolment for these subjects)

TICK AND SIGN

NUTRITION 3A

TUES 9.00-11.00, TUTE 11-12, RM L5 **OR** NM304 CG: 1

WED 6.00-8.00PM, RM L2 NM304 CG: 2

HOMOEOPATHY 2A

MON 9.00-11.00, TUTE 11-12, RM L1 **OR** NM306 CG: 1

WED 8.00-10.00PM, RM L2 NM306 CG: 2

HERBAL MEDICINE 3A

TUES 9.00-11.00, TUTE 11-12, RM L1 NM404 CG: 1

CLINICAL STUDIES 5A (Clinic Practicum – Sem 1)

SESSIONS AS ARRANGED CS406 CG: 1

CLINICAL STUDIES 3A (Clinical Review – Sem 1)

TUES 12.30-2.00, RM T1 **OR** CS404 CG: 1

TUES 12.30-2.00, RM T2 **OR** CS404 CG: 2

TUES 6.30-8.00PM, RM T1 CS404 CG: 3

NATUROPATHIC CLINICAL MEDICINE 1A

TUES 1.00-3.00, RM L3. TUTE 3-4, RM L4 **OR** NM308 CG: 1

TUES 6.00-8.00PM, ROOM T2 NM308 CG: 2

NATUROPATHIC CLINICAL MEDICINE 2A

MON 4.00-6.00, RM L1 NM406 CG: 1

HERBAL MEDICINE 2A

FRI 2.00-4.00, RM L5. TUTES 12-1, RMS L4 & L3 NM204 CG: 1

WED 6.00-8.00PM, RM L3 NM204 CG: 2

HERBAL MEDICINE 2C

WED 2.00-4.00, RM L6 NM310 CG: 1

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YEARS 4 & 5 NATUROPATHIC SUBJECTS

SSNT Student Number

Family Name.....Given Names.....

Address.....Postcode.....

Tel (Home)..... (Bus).....(Mob).....

Signature of Student Date

see over . . .

This form should be handed to administration at Southern School of Natural Therapies or sent to:
LaTrobe Liaison Officer, S.S.N.T, P.O. Box 303, FITZROY, Vic, 3065.

OFFICE USE ONLY

NOTE: FEES ARE COVERED BY ARRANGEMENT WITH LA TROBE UNIVERSITY

Year	Semester	Program Year	Date	Entered on computer by
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