

Mailing Address: 55 S. Raymond, Suite 105, Alhambra, CA. 91801 Admission Office: Tel: (626) 289-7719, Fax: (626) 289-8641

APPLICATION FOR ADMISSION

| I. | Application Info | rmation: | | Student ID | |
|-----|-------------------------|---------------------|-----------------|----------------------|---------------|
| | 20Win | ter Quarter | 20 | Spring Quarte | er |
| | 20Sum | mer Quarter | 20 | Fall Quarter | |
| II. | Program(s): | ☐ Master of Science | ce in Acupunctu | re & Oriental Medici | ne |
| Ш | Student Informa | tion: | | | |
| | a. Full Legal Name | | | | |
| | Last (family) | | First | | Middle |
| | E-Mail Address | | | | |
| | b. Mailing Address | | | | |
| | Number | Street | | | Apt. No. |
| | City | | State | | ZIP Code |
| | Home Phone Number | | Work | | Mobile |
| | c. In Case of Emergency | Contact Name | | Relationship | Phone Number |
| | d. Your Place of Birth | Name | | Kelationship | r none Number |
| | City State | | | Country (| (if not USA) |
| | e. Gender (optional) | \square Male | Female | | |
| | f. Date of Birth/_ | / | | | |
| | g. Social Security No. | / / | | | |

| i. Is English y | our native language? | \square YES \square NO | |
|--|--|---|---|
| j. List all colle | eges/universities in order oj | f attendance most resent first. | |
| | | | |
| Name | City/State | Dates Attended | Major & Degre |
| Name | City/State | Dates Attended | Major & Degre |
| - | er been convicted or plead g | uilty or no contest to a felony of | r misdemeanor? |
| □ No | er been convicted or plead g Ves Please descri | | r misdemeanor? |
| □ No | er been convicted or plead g Ves Please descri | uilty or no contest to a felony of be: | r misdemeanor? |
| □ No m. Do you have □ No | er been convicted or plead g Yes Please descri e any health conditions that Yes | uilty or no contest to a felony of be: require special care, facilities of | r misdemeanor? r assistance? |
| □ Nom. Do you have□ Non. Please provide White/Non-Heave | er been convicted or plead g Yes Please descri e any health conditions that Yes de the following information Hispanic Native | require special care, facilities of the statistical purposes only: American/Eskimo | r misdemeanor? r assistance? Asian □ Hispar |
| □ No m. Do you have □ No n. Please provide | er been convicted or plead g Yes Please descri e any health conditions that Yes de the following information Hispanic Native | require special care, facilities of the statistical purposes only: American/Eskimo | r misdemeanor? r assistance? |
| □ Nom. Do you have□ Non. Please provide White/Non-Heave | er been convicted or plead g Yes Please descri e any health conditions that Yes de the following information Hispanic Native | require special care, facilities of the statistical purposes only: American/Eskimo | r misdemeanor? r assistance? Asian □ His |

[&]quot;Any questions or problems concerning this school that have not been satisfactorily answered or resolved by the school should be directed to the Department of Consumer Affairs, 1625 North Market Blvd., Ste N 112, Sacramento, CA 95834. (800)952-5210.