



# ALHAMBRA Medical University

School of Acupuncture and Oriental Medicine

Mailing Address: 55 S. Raymond, Suite 105, Alhambra, CA. 91801

Admission Office: Tel: (626) 289-7719, Fax: (626) 289-8641

## APPLICATION FOR ADMISSION

### Applicant Plan to Enroll:

20\_\_\_\_ Winter Quarter                      20\_\_\_\_ Spring Quarter

20\_\_\_\_ Summer Quarter                      20\_\_\_\_ Fall Quarter

### I. Program: Master of Science in Acupuncture & Oriental Medicine

### II. Student Information:

#### 1. Full Legal Name

\_\_\_\_\_  
Last (Family)    First    Middle

#### 2. E-Mail Address \_\_\_\_\_

#### 3. Mailing Address

\_\_\_\_\_  
Number    Street    Apt. No.

\_\_\_\_\_  
City    State    ZIP Code

\_\_\_\_\_  
Home Phone Number    Work Number    Mobile Number

#### 4. Emergency Contact

\_\_\_\_\_  
Name    Relationship    Phone Number

#### 5. Your Place of Birth

\_\_\_\_\_  
City    State    Country

#### 6. Gender    Male                      Female

#### 7. Marital Status    Single                      Married                      Divorced                      Widowed                      Other

#### 8. Date of Birth    Mo\_\_\_\_ Date\_\_\_\_ Year\_\_\_\_

#### 9. Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

#### 10. Are you a U.S. Citizen?    YES                      NO

If not a U.S. Citizen, your current immigration status is?

Permanent Resident                       F-1 (International Student)                       Other- (Please Specify \_\_\_\_\_)

11. *Is English your native language?*       YES       NO

12. *List all colleges/universities in order of attendance most recent first.*

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Name	Year Attended	Major	Degree
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Name	Year Attended	Major	Degree
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13. **Were you ever required to leave any college, graduate or professional school or denied admission because of academic performance or conduct?**

No       Yes    If the answer is yes, please describe:

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14. **Have you ever been convicted or plead guilty or no contest to a felony or misdemeanor?**

No       Yes    Please describe

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15. **Do you have any health conditions that require special care, facilities or assistance?**

No       Yes

16. **Do you need financial aid?**       YES       NO

17. *Please provide the following information for statistical purposes only:*

- White/Non-Hispanic       Asian       Hispanic  
 Filipino/Pacific Islander       African American       Native American/Eskimo       Other

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Signature of Applicant

Date