



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____ Summer Quarter

English track _____

Chinese track _____

I. Program: Doctorate in Acupuncture and Integrative Medicine

II. Student Information:

1. Full Legal Name

2. E-Mail Address _____

3. Mailing Address

4. Contact Phone

5. Emergency Contact

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, indicate your current immigration status:

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.**

Name	Year Attended	Degree
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Name	Year Attended	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 Please describe:

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

No Yes Please describe

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

No Yes

16. **Are you an Active L.Ac.?** Yes No

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

- | | |
|---|--|
| <input type="checkbox"/> White/Non-Hispanic | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Filipino/Pacific Islander |
| <input type="checkbox"/> African American | <input type="checkbox"/> Native American/Eskimo <input type="checkbox"/> Other |

Applicant's Signature

Date