



ALHAMBRA MEDICAL UNIVERSITY

Mailing Address: 2215 W Mission Rd. Ste 280, Alhambra CA 91803

Admission Office: Tel: (626) 438-8980

APPLICATION FOR ADMISSION

Applicant Plan to Enroll:

20 ____ Winter Quarter

20 ____ Summer Quarter

English Track ____

Chinese Track ____

I. Program: Doctor of Acupuncture and Herbal 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 No. _____ Mobile No. _____

4. Emergency Contact

Name _____ Relationship _____ Phone No. _____

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) ☐ Others _____

11. *Is English your native language?* Yes No

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

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:

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. **Do you need financial aid?** Yes No

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

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

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

Signature of Applicant

Date