University of East-West Medicine

595 Lawrence Expy, Sunnyvale, California 94085
Tel: (408) 733-1878 Fax: (408) 636-7705
Email: admissions@uewm.edu Web site: www.uewm.edu

- ○ Continuing Student
- ○ New Student
- ○ International Student
- ○ Financial Aid Student
- ○ Non-degree Student
- ○ Audit Student
- ○ Re-Admission

REGISTRATION FORM - Semester: Fall / Spring / Summer Year: _____

Student's Name (Last First) Phone (mobile)

Address Phone (home)

City State Zip Code

Email Student ID: Entered:

SCHEDULE		LANGUAGE		COURSE		CREDITS		FEES
Day	Time	Chin	Eng	#	Name	Units	Hours	
MSTCM Academic Course Fee: $180/ unit (Maximum: 22 Unit/semester) Tai Chi: $225/Unit								
MSTCM Clinic Course Fee: $12/ hour								
Registration Fee: $25/semester; Instructional Resource Fee: $30/semester								
Application Fee: Resident $60/ International $100; Student ID: $5								
Other Fee(s): (Audit $100/Unit)								
							Total Tuition	

Please make checks payable to **UEWM.**

I certify that I have read and understood all of UEWM's policies. I will be responsible for payment of all tuition and any other fees incurred to UEWM.

Student's Signature Date

UEWM Administrator Signature Date

Financial Aid Administrator Signature (If needed) Date

PAYMENT RECORD