



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
- International Student
- New Student
- Financial Aid Student
- Non-degree Student
- Audit Student

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

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

Address _____ Phone (home) _____

City _____ State _____ Zip Code _____

Email _____ Student ID: _____ Entered: _____

SCHEDULE		LANGUAGE		COURSE			CREDITS		FEES
Day	Time	Chin	Eng	#	Name	Units	Hours		
Academic Course Fee: \$180/ unit (Maximum: 22 Units/semester)									
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):									
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	