



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

APPLICATION FOR ADMISSION (Complete BOTH sides of this form. Please type or print legibly.)

PERSONAL DATA

Last Name _____ First Name _____

SSN _____ Sex M F Application Date ____/____/____
Month Day Year

Address _____

City _____ State _____ Zip Code _____ Country _____

Home Phone _____ Work Phone _____

Mobile/Pager _____ Email _____

Date of Birth ____/____/____ Place of Birth _____
Month Day Year City State Country

CITIZENSHIP

United States _____ If dual US Citizen specify other citizenship _____

Other (country name) _____ type of visa: _____ Date issued: _____

US Permanent Resident Visa. Green Card Number _____ Citizen of _____

Please attach a front-and-back copy of your current green card or visa.

APPLYING FOR PROGRAM

- Doctorate Acupuncture and Oriental Medicine (DAOM)
- Master's Degree in Traditional Chinese Medicine (MSTCM)
- Master's Degree in TaiChi (MTC)
- Certificates in TaiChi (CTC)
- Certificates in Massage Therapist (CMT)
- Non-Degree Program
- Audit

APPLYING FOR TERM BEGINNING

Fall Spring Summer Year _____

ARE YOU

- New Student Transfer Student
- Full-Time (12+ units) Part-Time (1-11 units)

COURSE INSTRUCTION LANGUAGE PREFERENCE

English Chinese (MSTCM/DAOM Program) Korean (MSTCM Program Only)

DO YOU EXPECT TO TRANSFER ANY PREVIOUS TCM CREDITS INTO THIS PROGRAM?

Yes No

(continued on reverse)

Application for Admission

EDUCATIONAL BACKGROUND

Please list the name of all post-secondary institutions you have attended. Any documents from foreign countries must be evaluated by an evaluation agency.

Name of University and Colleges Attended	From - To	Degree or Units	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WORK EXPERIENCE (Please include a resume here.)

Name of Company	Phone	From - To	Your Position/Duties
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IN CASE OF EMERGENCY, NOTIFY

Name _____ Relationship _____ Phone _____
 Address _____

ETHNIC BACKGROUND _____

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CERTIFICATION

Your signature certifies the accuracy and completeness of the information provided and the truth of the following certifications. This application must be certified before processing.

I certify that I have provided complete and accurate statements on this application. I understand that failure to list all college attended or falsifying official documents may result in denial of admission or disciplinary action. I understand all official documents submitted in support of this application become the property of the University. I authorize the release of any information submitted by me in connection with this application to any person, firm, corporation, association, or government agency, but only to verify or explain the information. I understand that acceptance as a student requires submission of official college transcript(s). If not received by UEWM prior to my initial registration, acceptance is pending receipt of the documents. Grades and transcripts of credits will be withheld and registration for subsequent terms may be denied until this requirement is met.

Applicant's Signature _____ Date ____/____/____