



Mailing Address: 55 S. Raymond, Suite 105, Alhambra, CA. 91801  
Admission Office: Tel: (626) 289-7719, Fax: (626) 289-8641

## APPLICATION FOR ADMISSION ALHAMBRA MEDICAL UNIVERSITY

**I. Application Information:** **Student ID** \_\_\_\_\_

Winter Quarter 20\_\_  Spring Quarter 20\_\_  Summer Quarter 20\_\_  Fall Quarter 20\_\_

**II. Program(s):**  Master of Science in Acupuncture & Oriental Medicine  
 Asian Body Work Technician  
 Asian Body Work Therapist

**III. Student Information:**

*a. Full Legal Name*

\_\_\_\_\_  
Last (family) First Middle

E-Mail Address \_\_\_\_\_

*b. Mailing Address*

\_\_\_\_\_  
Number Street Apt. No.

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Home Phone Number Work Mobile

*c. In Case of Emergency Contact* \_\_\_\_\_  
Name Relationship Phone Number

*d. Your Place of Birth*

\_\_\_\_\_  
City State Country (if not USA)

*e. Gender (optional)*  Male  Female

*f. Date of Birth* \_\_\_\_/\_\_\_\_/\_\_\_\_

*g. Social Security No.* \_\_\_\_/\_\_\_\_/\_\_\_\_

*h. 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)  Other- (Please Specify) \_\_\_\_\_

*i. Is English your native language?*  YES  NO

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

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Name	City/State	Dates Attended	Major & Degree
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Name	City/State	Dates Attended	Major & Degree
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*k. 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: \_\_\_\_\_

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

No       Yes    Please describe: \_\_\_\_\_

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

No       Yes

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

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

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Signature of Applicant

Date

**“Any questions or problems concerning this school that have not been satisfactorily answered or resolved by the school should be directed to the Department of Consumer Affairs, 1625 North Market Blvd., Ste N 112, Sacramento, CA 95834. (800)952-5210.**