



Nine Star University of Health Science

441 De Guigne Dr. #201, Sunnyvale, CA 94085 USA TEL: 408-532-5567 FAX: 408-733-3610

Application for Admission

<p>I am applying for:</p> <p><input type="checkbox"/> Spring 20__ (Due Date: <input type="checkbox"/> Fall 20__ (Due Date: <input type="checkbox"/> Winter 20__ (Due Date: <p>I am:</p> <p><input type="checkbox"/> New Student <input type="checkbox"/> Transfer Student</p> </p>	<p>I am applying for admission to:</p> <p><input type="checkbox"/> Day Program <input type="checkbox"/> Evening Program <input type="checkbox"/> Weekend Program</p> <p><input type="checkbox"/> Master Degree Program</p> <p><input type="checkbox"/> Non – Degree Program</p> <p><input type="checkbox"/> CEU Program</p> <p><input type="checkbox"/> Certificate Program</p>
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Personal Data:

Passport style recent photo	Name, as it should appear on your certificate (Last, First, Middle Initial)		
	Permanent Address - Street		
	City	State	Zip Code
	Mailing Address (if different from above) - Street		
	City	State	Zip Code
	Home Phone	Work Phone	Cell Phone
	Email	Social Security Number	Date of Birth (MM/DD/YY)
<p>Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Ethnic: <input type="checkbox"/> American Indian, Alaskan Native <input type="checkbox"/> Asian, Pacific Islander</p> <p style="padding-left: 150px;"><input type="checkbox"/> Hispanic <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> White, Non-Hispanic</p>			

Citizenship:

United State

Other (country name) _____ Type of Visa: _____ Date Issued: _____

US Permanent Resident Green Card Number: _____

TOEFL: Yes No Score: _____

Please Attach a Front-and-Back Copy of Your Current Green Card or Visa

Education: (Attach additional pages as necessary)

Please list the name of all post-secondary institutions you have attended. In order to be granted transfer credits, you must submit an official transcript in a sealed envelope. Any documents from foreign countries must be evaluated by an evaluation agency.

College / University	Degrees
Address	Dates Attended
College / University	Degrees
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Experience: (Please include a resume while providing an overview here)

Present Occupation	From	To
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Previous Occupation	From	To
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Previous Occupation	From	To
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Do you have any work experience in the healthcare professions?
 Yes No if yes, please describe job(s) and training

Describe your personal interests other than occupational:

Have you ever been convicted of a felony? Yes No
 If yes, please note: The California Acupuncture Board has specific policies regarding applicants who have criminal records. Anyone who has questions regarding these policies should contact the Acupuncture Board at 916-263-2680

Financial Data:
 How do you expect to pay tuition?

You have access to tuition for : 1 semester 1 year 2 years 3 year s
 If your tuition is derived from sources other than your own savings or employment, please complete the following:

Person(s) or Agency paying tuition	Relationship
Address – Street	Phone
City	State Zip Code

In Case of Emergency, Notify

Name	Relationship
Address – Street	Phone
City	State Zip Code

I hereby certify that all of the information provided in my application is accurate and true, and that I am the author of the attached Statement of Purpose

Applicant's Signature	Date
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Application Checklist: (with this application, please send)

- Completed application form
- A Typewritten one-page Statement of Purpose. Your Statement of Purpose should include your background, how you became interested in Traditional Chinese Medicine and your plans after graduation.
- \$ non-refundable application fee
- One recent photograph
- Resume

You will also need:

- Two letters of reference sent directly to the institute
- Transcripts sent from the college(s)/university(ies) you have attended which apply to your degree or may be transferable towards the MTCM program

Please send to:

Nine Star University of Health Science
441 De Guigne Dr. #201
Sunnyvale, CA 94085

Admissions Procedure: