



# Application *for* Admission

.....  
Doctor / Master of  
Acupuncture & Herbal  
Medicine Degree Program

#### Santa Cruz Campus

200 Seventh Avenue, Santa Cruz, CA 95062  
(831) 476-9424 ■ Fax: (831) 476-8928

#### San Jose Campus

1885 Lundy Ave, Suite 108, San Jose CA 95131  
(408) 260-0208 ■ Fax (408) 261-3166

[www.fivebranches.edu](http://www.fivebranches.edu)



**FIVE BRANCHES  
UNIVERSITY**  
.....

*Graduate School of Traditional Chinese Medicine*

# Application Checklist

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## *All Applicants*

To be considered for admission to Five Branches University, your application package must include the following items. For more details, refer to the Admissions section of the catalog or website, [www.fivebranches.edu](http://www.fivebranches.edu).

- Application for Admission (completed in full)
- Recent passport-style photograph
- Statement of Purpose
- Resume
- Application fee
- Health Evaluation
- Hepatitis B Vaccination form
- Tuberculosis Test form

Supporting documents—sent separately:

- Two letters of recommendation
- Official transcripts of all college and/or university coursework which apply toward your degree or for transfer credit purposes

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## *Transfer Applicants* (Transferring from a TCM/acupuncture school)

Applicants who wish to transfer from another TCM college must submit the following materials (in addition to the materials indicated for All Applicants):

- Cover letter stating your reasons for seeking transfer and the courses you wish to transfer
- Additional letter of recommendation from a previous TCM/acupuncture instructor
- Catalog of the TCM college where you studied, stating its approval agencies and accreditation
- Syllabus outlining the course content for each course you wish to transfer

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## *International Applicants*

International applicants applying for an F-1 student visa through Five Branches University must submit the following documents (in addition to the materials indicated for All Applicants):

- A photocopy of the first page of your passport (also of dependents, if applicable)
- Transcript evaluation by the member of NACES. (<https://www.naces.org/members>)
- English proficiency test report with score
- International Applicant Financial Statement (form is available online or mailed by request)

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## *International Applicants* (Currently studying in the U.S.)

International applicants who are currently on an F-1 student visa and enrolled at another college must submit the following documents (in addition to the materials indicated for All Applicants and International Applicants):

- A photocopy of your visa, contained in your passport (also of dependents, if applicable)
- A photocopy of all your previous I-20 Forms (also of dependents, if applicable)
- International Student Transfer Release form (applicable only after acceptance to Five Branches University)

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Please mail your application package directly to the appropriate Five Branches University campus and program director, Attention: Admissions Office

**Santa Cruz Campus**  
200 7th Avenue, Santa Cruz, CA 95062 USA  
(831) 476-9424 ■ Fax: (831) 476-8928  
[admissions@fivebranches.edu](mailto:admissions@fivebranches.edu)

**San Jose Campus**  
1885 Lundy Ave, Suite 108, San Jose, CA 95131 USA  
(408) 260-0208 ■ Fax: (408) 261-3166  
[documents@fivebranches.edu](mailto:documents@fivebranches.edu)



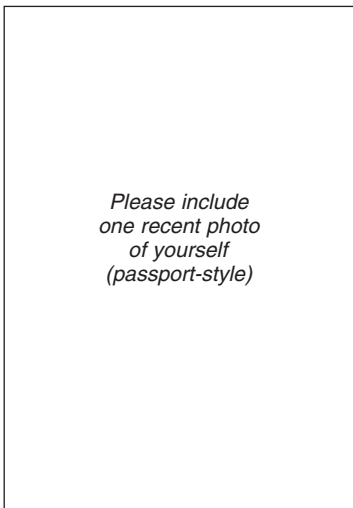
## Admission Information

I am applying for:  Spring 20\_\_\_\_  Summer 20\_\_\_\_  Fall 20\_\_\_\_

I am applying for admission to: Santa Cruz Campus    San Jose Campus (    English    Bilingual Chinese )  
MAcHM\*                      DAcHM\*                      DAc/MAc                      Non degree-seeking                      (\*Check both for Dual Degree)

Student type (check all that apply):  U.S. resident     International     TCM transfer

## Personal Data



Legal Name (Last, First, Middle) \_\_\_\_\_

Name on previous academic record, if different from above (Last, First, Middle) \_\_\_\_\_ Preferred Name \_\_\_\_\_

Present Address—Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address—Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_

Email \_\_\_\_\_ Social Security Number \_\_\_\_\_

**U.S. Citizens only:** For U.S. Government statistical reports purposes only

American Indian, Alaskan Native

Hispanic/Latino

Black or African American

White

Asian

Native Hawaiian or other Pacific Islander

Gender:  Female  Male  Other

Two or More Races

Other \_\_\_\_\_

## International Students/U.S Permanent Resident

Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

If U.S. Permanent Resident, provide Alien number \_\_\_\_\_

Do you need a student visa?  Yes  No

\_\_\_\_\_ If currently in the US, what type of visa do you hold?

Do you speak English fluently?  Yes  No

\_\_\_\_\_ List other languages spoken

English proficiency test name \_\_\_\_\_

Score: \_ \_\_\_\_\_ Date: \_\_\_\_\_

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**Education** Attach additional pages as necessary

_____ Name of College/University	_____ Degrees
_____ Address	_____ Dates attended
_____ Name of College/University	_____ Degrees
_____ Address	_____ Dates attended

Have you completed any of the following at a college or university? (check all that apply)  
 General Biology  Chemistry  Physics  Human Anatomy  Human Physiology

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**Legal Information**

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.

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**Financial Data**

Federal financial aid and Graduate PLUS loans are available for qualifying students. To apply, go to [www.fafsa.gov](http://www.fafsa.gov) and enter the Five Branches school code: 031313.

Do you qualify for any of the following?  VA benefits  Trust  Scholarships  Grants

How do you plan on paying tuition?  
\_\_\_\_\_

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**In Case of Emergency, Notify**

_____ First Contact Name	_____ Relationship	
_____ Address—Street	_____ Phone	
_____ City	_____ State	_____ Zip
_____ Second Contact Name	_____ Relationship	
_____ Address—Street	_____ Phone	
_____ City	_____ State	_____ Zip

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

_____ Applicant's Signature	_____ Date
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How did you first hear about Five Branches University?  
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