







Application for Admission

Online DTCM/DAc Bridge Program:

Doctor of Traditional Chinese Medicine (DTCM)

> and Doctor of Acupuncture (DAc)

In English

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

In Chinese

 San Jose Campus

 1885 Lundy Avenue, San Jose CA 95131

 (408) 260-0208 ■ Fax: (408) 260-3166

www.fivebranches.edu



Graduate School of Traditional Chinese Medicine

Application Checklist

All Applicants

To be considered for admission to Five Branches University, Online DTCM/DAc Bridge prgram, your application package must include the following items.

Application for Admission (completed in full) Recent passport-style photograph Statement of Purpose Resume Application fee of \$65

Supporting documents—sent separately:

One letter of recommendation

Official TCM or Acupuncture program transcript(s) from the college(s) where you received your Master's

Official undergraduate transcript(s) showing at least 90 semester (or 135 quarter) credits.

International Applicants (Eligibility pending)

International applicants applying for an F-I 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 WES (http://www.wes.org)
- □ Test of English as a Foreign Language (TOEFL) or International English Language Testing System (IELTS) scores
- □ International Applicant Financial Statement (form is available online or mailed by request)
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International Applicants (Currently studying in the U.S.) (Eligibility pending)

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)

Please email or mail your application package to: Santa Cruz campus for English Bridge program San Jose campus for Chinese Bridge program Attention: Bridge Program Admissions

CHINESE: San Jose Campus Five Branches University

1885 Lundy Avenue, San Jose, CA 95131

(408) 260-0208 = Fax: (408) 261-3166 sjAdmissionsAdvisor@fivebranches.edu

ENGLISH: Santa Cruz Campus Five Branches University

200 7th Avenue, Santa Cruz CA 95062

(831) 476-9424 ■ Fax: (831) 476-8928 AdmissionsAdvisor@fivebranches.edu



Online DTCM/DAc Bridge Program

Admission Information						
I am applying for:	Summer 20	□ Fall 20		English	□ Chinese	
I am applying for admission to: Online DTCM Bridge program (only for those with a Masters Traditional Chinese Medicine) Online DAc Bridge Program (only for those with a Masters in Acupuncture)						
Student type (check all that apply):						
Personal Data						
	Legal Name (Last, First, Middle)					
	Name on previous ac	ademic record, if different from	above	(Last, First, Midd	le) Preferred Name	

	City		State	Zip
	Permanent Address—Stre	eet		
one recent photo of yourself (passport-style)	City		State	Zip
Please include	Present Address—Street			

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

🗆 American Indian, Alaskan Native	🗆 Hispanic	🗆 Black Non-Hispanic
White Non-Hispanic	Asian or Pacific Islander	Other
Gender: Female Male		

International Students

Country	y of Citize	enship			Country of Birth
If U.S.	Permane	ent Reside	ent, provide Alien numb	er	
Do you	need a s	student v	isa? 🗆 Yes 🗆 No		
				If currently in the US, what t	ype of visa do you hold?
Do you	speak E	nglish flu	iently?		
				List other languages spoken	
TOEFL	□ Yes	□ No	Score:	Date:	
IELTS	□ Yes	🗆 No	Score:	Date:	

Education

Name of TCM or Acupuncture College/University	Degrees	
Address	Dates attended	
Name of Undergraduate College/University	Degrees	
Address	Dates attended	
Additional Education Attach additional pages as necessary		
Name of Undergraduate College/University	Degrees	
Address	Dates attended	

In Case of Emergency, Notify

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

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

How did you first hear about the Five Branches University DTCM/DAc Bridge program?