







# 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)
  - .....

#### 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<br>of yourself<br>(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?