



San Diego Campus

Pacific College of Oriental Medicine
7445 Mission Valley Road, Suite 105
San Diego, CA 92108
(619) 574-6909, (800) 729-0941

New York Campus

Pacific College of Oriental Medicine
915 Broadway, 2nd Floor
New York, NY 10010
(212) 982-3456, (800) 729-3468

Chicago Campus

Pacific College of Oriental Medicine
65 East Wacker Place, 21st Floor
Chicago, IL 60601
(773) 477-4822, (888) 729-4811

All application information is confidential. All application materials, once submitted, are the property of Pacific College of Oriental Medicine and cannot be returned to the applicant. Please print throughout and use additional pages, if necessary.

1. Applying for Program:

- Master of Science Traditional Oriental Medicine
Master of Science Acupuncture (New York)
Bachelor of Health Science (San Diego)
Bachelor of Professional Studies (New York)
Bachelor of Science (Chicago)
Associate of Science (San Diego)
Associate of Applied Science (San Diego)
Associate of Occupational Studies (New York)
Associate of Applied Science (Chicago)
Massage Therapy/Asian Bodywork (San Diego/ Chicago)
Tui Na Certification (Chicago)
Herbology Certification (New York)
Public Education
Non-Matriculated Student

Beginning: Year Term Fall Winter Spring

2. Personal Information:

Form fields for Social Security Number, Name (Last, First, Middle), Other Names Used, Present Address (City, County, State, Zip), Home Phone, Business Phone, Email Address, Fax, Permanent Address (City, State, Zip), Home Phone, Business Phone, Date of Birth, Age, Country of Birth, Male/Female, T-shirt Size.

3. If you are not a U.S. citizen, what is your country of citizenship? Do you have or will you apply for a student (F-1 or M-1) Visa? Yes No

If yes, please fill in the following information:

- a) The I-20 should be sent to (check one): Permanent address Present address
b) My financial sponsor is (include name and relationship)
c) Will you be bringing your spouse and/or children? Yes No
If yes, please write the first and last name, date of birth, country of birth and relationship of each dependent on a separate sheet of paper.
d) Were you enrolled in another U.S. college/school within 5 months of enrollment at Pacific College? Yes No

4. Have you applied previously to Pacific College? Yes No If yes, what year?

5. Prior education: Please chronologically list your high school and all colleges and universities attended:

Table with 6 columns: Name of Institution, From, To, Major, Degree/Diploma or # of Units\*, GPA. Rows include High School and College.

(Attach additional sheet if necessary)

\* Please indicate whether quarter units, trimester units, or semester units

**Office Use Only**

Date received:

Application Fee: \$50 (US)/\$100 (International)

Date Paid:

Receipt #:

- 6. Personal statement:** (2-3 page required for Master's applicant's and 1-2 page required for Massage Therapy applicants; not required for Public Education or Non-Matriculated applicants) The statement should be typed on 8.5" x 11" paper, two to three pages, double-spaced, and submitted with this application form.

The nature and demands of the Oriental medical/holistic health profession require personal attributes and motivation which complement intellectual abilities. To enable us to evaluate these qualities, please address the following topics.

1. Describe what you think makes you a good candidate to become an Oriental medicine/holistic health/massage practitioner.
2. Discuss experiences you have had and how these experiences and your values could make a contribution to your own and your patients' healthcare.
3. As this education is also a process of self exploration, identify some ways you hope to develop personally on your journey to becoming a healer and how you envision that process.

- 7. In case of emergency, notify:**

Name

Phone: (     )

Address

City

State

Zip

- 8. Plans to finance education:**

Are you able to completely finance your own education (tuition, fees, living expenses, transportation, etc.)?  Yes  No

**If no**, please estimate the amount of supplementary funds you will need from grants, loans, scholarships, or other personal sources during your enrollment at Pacific College: \$ \_\_\_\_\_

**What resource(s) will you use to fund your education?:**  Financial Aid  VA Benefits  Cash  Other \_\_\_\_\_

- 9. Employment and volunteer service:** Please list all paid employment (full and part-time) and/or voluntary service for at least the last three years, beginning with your most recent position:

From Month/Year	To Month/Year	Total Months	Hours per wk	Position	Organization	City & State

- 10. References:** Email, fax, or mail letters of reference directly to the college. (Not required for Massage Therapy, Public Ed and Non-matriculated applicants.)

- 11. Racial/Ethnicity status (optional):**

*Race (Check Only One):*

- White  Black/African American  American Indian/Alaska Native  
 Asian  Native Hawaiian/Other Pacific Islander  2 or more races

*Ethnicity (Check Only One):*

- Hispanic or Latino  
 Race and ethnicity unknown  Nonresident alien

- 12. Other information:** Have you ever been convicted of a felony or a first degree misdemeanor?  Yes  No

I hereby make Application for Admission to Pacific College of Oriental Medicine, and certify that all information given on this application is true. I authorize Pacific College to investigate all statements on my application and to request a consumer credit report.

Date

Signature of Applicant

**Application Check List:**

An application is complete when ALL of the following have been received or completed:

- |   |   |
|---|---|
| <input type="checkbox"/> A completed Application Form   | <input type="checkbox"/> An Affidavit of Financial Resources and other supportive documentation (I-20 applicants only)  |
| <input type="checkbox"/> An application fee (\$50 US/ \$100 International) (non-refundable)   | <input type="checkbox"/> One passport-sized photograph  |
| <input type="checkbox"/> A personal statement (typed essay), for programs it is required  | <input type="checkbox"/> Letters of reference. (Not required for non-degree programs)   |
| <input type="checkbox"/> Official transcripts from all colleges attended, mailed directly to Pacific from your previous college, e-transcripts accepted | <input type="checkbox"/> Admissions interview   |
| <input type="checkbox"/> Proof of Immunization (N.Y. only)  | <input type="checkbox"/> High School Transcript (All programs except master and bachelor degrees)   |
| <input type="checkbox"/> An academic evaluation (required for International schools only)   | <input type="checkbox"/> Advanced Transfer Assessment Fee (\$100) - for students who attended another acupuncture school for at least 1 year. Refunded 3rd week of matriculation, otherwise non-refundable. |