

# Application for Admission

**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  
3646 N. Broadway, 2nd Floor  
Chicago, IL 60613  
(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 or type throughout and use additional pages, if necessary.

**1. Applying for Program:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Master of Science Traditional Oriental Medicine | <input type="checkbox"/> Bachelor of Health Science (San Diego)       | <input type="checkbox"/> Massage Technician                |
| <input type="checkbox"/> Master of Science of Acupuncture (New York)     | <input type="checkbox"/> Bachelor of Professional Studies (New York)  | <input type="checkbox"/> Massage Therapist /Asian Bodywork |
| <input type="checkbox"/> Tui Na Certificate (San Diego)                  | <input type="checkbox"/> Associate of Occupational Science (New York) | <input type="checkbox"/> Public Education                  |
| <input type="checkbox"/> Herbology Certification (New York)              | <input type="checkbox"/> Associate of Applied Science (San Diego)     | <input type="checkbox"/> Non-Matriculated Student          |

Beginning: Year \_\_\_\_\_ Semester  Fall  Winter  Spring

**2. Personal Information:**

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_

Other Names Used Last First Middle

Present Address \_\_\_\_\_

City \_\_\_\_\_ (NY residents) County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Email address \_\_\_\_\_ Fax, if available ( ) \_\_\_\_\_

Permanent Address \_\_\_\_\_

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

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Date of Birth / / \_\_\_\_\_ Age \_\_\_\_\_ Country of Birth \_\_\_\_\_

Male  Female

**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:

	Name of Institution	From	To	Major	Degree/Diploma or # of Units*	GPA
High School						
College:						
<i>(Attach additional sheet if necessary)</i>						

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

**Office Use Only**

Date received:

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

Date Paid:

Receipt #:

**6. Personal statement:**

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.

The statement should be typed on 8.5" x 11" paper, two to three pages, double-spaced, and submitted with this application form.

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

Name \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Address \_\_\_\_\_

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

**8. Personal limitations:**

Please describe any physical or other limitations which may require special planning. \_\_\_\_\_

**9. 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: \$ \_\_\_\_\_

**If yes**, from what sources? \_\_\_\_\_

**10. 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

**11. References:** Mail letters of reference directly to the college.

**12. Racial/Ethnic status (optional):** Check one box only:

- White, non Hispanic     Black, non Hispanic     Hispanic     Asian/Pacific Islander     American Indian/Alaskan Native

**13. Other information:** Please indicate any additional information you believe would be helpful to us in considering your application.

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:

- A completed Application Form
- An application fee (\$50 US/ \$100 International)
- A personal statement (typed essay)
- Official transcripts from all colleges attended, mailed directly to Pacific from your previous college
- Proof of Immunization (N.Y. only)
- An academic evaluation (required for International schools only)
- An Affidavit of Financial Resources (I-20 applicants only)
- One passport photograph
- Two letters of reference. (Optional for non-degree programs)
- Admissions interview
- High School Transcript (All programs except master and bachelor degrees)