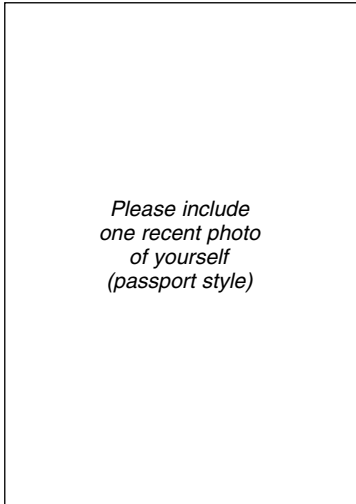




I am applying for: Spring 20__ (1st Due Date Sept 1; 2nd Due Date Dec 1) Fall 20__ (1st Due Date May 1; 2nd Due Date July 1)

I am applying for admission to: Santa Cruz Campus
 San Jose Campus Day Program San Jose Campus Evening Program San Jose Bilingual Program

Personal Data



Legal Name (Last, First, Middle Initial) _____

Name on previous academic record, if different from above (Last, First, Middle Initial) _____

Present Address—Street _____

City _____ State _____ Zip _____

Permanent Address—Street _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Social Security # _____ Date of Birth (MM/DD/YY) _____

Student Type (check all that apply)

- U.S. Resident International TCM Transfer Non-degree seeking

U.S. Citizens only: the US Government asks us to report on the ethnic composition of our student enrollment

- American Indian, Alaskan Native Hispanic Black Non-Hispanic
 White Non-Hispanic Asian or Pacific Islander Other _____

Gender: Female Male

International Students

Citizenship _____ Country of Birth _____

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

TOEFL Yes No Score: _____ Date: _____

Education Attach additional pages as necessary

College/University _____ Degrees _____

Address _____ Dates attended _____

College/University _____ Degrees _____

Address _____ Dates attended _____



Experience Please include a resume—attach additional pages as necessary

Present Occupation: _____ From: _____ To: _____

Previous Occupation: _____ From: _____ To: _____

Previous Occupation: _____ From: _____ To: _____

Do you have any work experience in the healthcare profession? Yes No If yes, please describe job(s) and training:

Describe your personal interests other than occupational:

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.

Financial Data

How do you expect to pay tuition?

You have access to tuition for: 1 semester 1 year 2 years 3 years 4 years

If your tuition is derived from sources other than your own savings or employment, please complete the following:

Person(s) or Agency paying tuition _____ Relationship _____

Address—Street _____ Phone _____

City _____ State _____ Zip _____

In Case of Emergency, Notify

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 Five Branches University?

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

San Jose Campus
3031 Tisch Way, Suite 507, San Jose, CA 95128 USA
(408) 260-0208 ■ Fax: (408) 261-3166
sjadmissions@fivebranches.edu