







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)

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

International applicants who are currently on an F-1 student visa and enrolled at another college must submit the following

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



Application for Admission Online DTCM/DAc Bridge Program

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Admission Information							
I am applying for: Spring 20	☐ Summer 20	□ Fall 20		English	Chinese		
I am applying for admission to: On	iline DTCM Bridge program	(only for those with a Masters	Traditional Chines	e Medicine)			
□ 0	nline DAc Bridge Program	(only for those with a Masters in	n Acupuncture)				
Student type (check all that apply): [International	□ U.S. resident □						
Personal Data							
Please include one recent photo of yourself (passport-style)	Legal Name (Last, First, Middle)						
	Name on previous academic record, if different from above (Last, First, Middle) Preferred Name						
	Present Address—Street						
	City	City			Zip		
	Permanent Address—Street						
	City			State	Zip		
	Home Phone	Cell Pr	Cell Phone		Date of Birth (MM/DD/YY		
	Email	Email		Social S	Social Security Number		
U.S. Citizens only: For U.S. Gove	rnment statistical reports p	urposes only					
☐ American Indian, Alaskan Native	☐ Hispanic	□ Blac	☐ Black Non-Hispanic				
☐ White Non-Hispanic	☐ Asian or Pacific Islan	der Other	Other				
Gender: ☐ Female ☐ Male							
International Students							
Country of Citizenship		Count	Country of Birth				
If U.S. Permanent Resident, provide	Alien number						
Do you need a student visa? ☐ Ye	s 🗆 No						
	_	the US, what type of vis	a do you hol	d?			
Do you speak English fluently?							
TOFFI DV DV C		guages spoken					
TOEFL ☐ Yes ☐ No Score:							
IFITS To Vac To No. Score:	Data:						

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	Relation	Relationship		
Address—Street	Phone	Phone		
City	State		Zip	
Second Contact Name	Relation	Relationship		
Address—Street	Phone	Phone		
City	State		Zip	
I hereby certify that all of the information provided in my application Statement of Purpose.	package is acc	urate and true, and	that I am the author of the attached	
Applicant's Signature		Date		
How did you first hear about the Five Branches University DTCM/DAc Brid	dge program?			