



# FIVE BRANCHES UNIVERSITY EXTENSION

School of Integrated Healing Arts & Sciences

**SANTA CRUZ CAMPUS**  
200 Seventh Avenue  
Santa Cruz, CA 95062  
P: (831) 476-9424 F: (831) 476-8928

**SAN JOSE CAMPUS**  
3031 Tisch Way, Suite 507  
San Jose, CA 95128  
P: (408) 260-0208 F: (408) 261-3166

**I am applying for:**

- 500 Hrs CMT Certification
- 200 Hrs Emotional Balancing Certification
- 72 Hrs Wind Water Tuina Certification
- 650 Hrs Medical Qigong Certification

## APPLICATION FOR ADMISSION

Acupressure Tuina & Medical Qigong Program

**CAMPUS** (choose one) :     **Santa Cruz**         **San Jose**

Name (First Middle Last) : \_\_\_\_\_ Gender:  Male    Female

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**For U.S. Citizens only:** The U.S. Government requires us to report on the ethnic composition of our student enrollment:

- American Indian, Alaskan Native     Latino/Hispanic     Black(African American)
- Caucasian     Asian     Native Hawaiian or Pacific Islander    Other: \_\_\_\_\_

**Education (attach additional pages if necessary):**

High School: \_\_\_\_\_ Diploma or GED: %  Yes %  No

Address: \_\_\_\_\_ Dates attended: \_\_\_\_\_

College/University: \_\_\_\_\_ Degrees: \_\_\_\_\_

Address: \_\_\_\_\_ Dates attended: \_\_\_\_\_

**In Case of Emergency, please notify:**

Name (Last, First, Middle Initial): \_\_\_\_\_ Relationship: \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

<b>Application Checklist</b>	
<b>With this application for certification, please include:</b>	
<input type="checkbox"/>	<b>A typewritten one-page (or less) Statement of Purpose. Your Statement of Purpose should include how you became interested in this subject, what you wish to receive from your studies at Five Branches University Extension, and your plans after graduation, including certification</b>
<input type="checkbox"/>	<b>Your Resume</b>
<input type="checkbox"/>	<b>One recent photograph (passport style).</b>
<input type="checkbox"/>	<b>Any transcripts of course work you wish to transfer into the program or proof of high school or GED completion or higher education studies.</b>
<input type="checkbox"/>	<b>Non-refundable \$25 application fee (check/money order)</b>
<input type="checkbox"/>	<b>One letter of reference.</b>

Attach 1 recent  
photo here  
(passport style)

*I hereby certify that all of the information provided in my application is accurate and true, and that I am the author of the attached Statement of Purpose.*

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_