



Application *for* Admission

Online DTCM/DAC
Bridge Program:

Doctor of Traditional Chinese
Medicine (DTCM)

and Doctor of Acupuncture
(DAC)

Santa Cruz Campus

200 Seventh Avenue, Santa Cruz, CA 95062

(831) 47 6-9424 ■ Fax: (831) 47 6-8928

www.fivebranches.edu



**FIVE BRANCHES
UNIVERSITY**

Graduate School of Traditional Chinese Medicine

Application Checklist

All Applicants

To be considered for admission to Five Branches University, Online DTCM/DAC Bridge program, 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 where you received your Master's

International Applicants (Eligibility pending)

International applicants applying for an F-1 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)

International applicants who are currently on an F-1 student visa and enrolled at another college must submit the following 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 either of the University's campuses,
Attention: Bridge Program Admissions

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



Admission Information

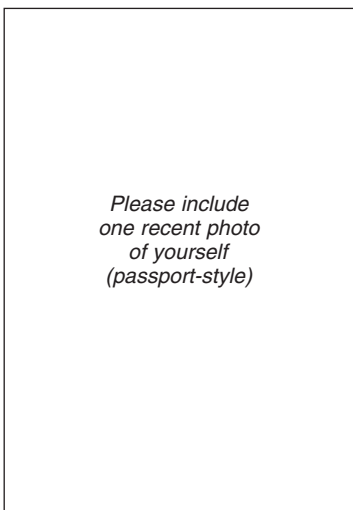
I am applying for: Spring 20____ Summer 20____ Fall 20____

I am applying for admission to: Online DTCM Bridge program (only for those with a Masters Traditional Chinese Medicine)

Online DAC Bridge Program (only for those with a Masters in Acupuncture)

Student type (check all that apply): U.S. resident International

Personal Data



Legal Name (Last, First, Middle) _____

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

Present Address—Street _____

City _____ State _____ Zip _____

Permanent Address—Street _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Date of Birth (MM/DD/YY) _____

Email _____ Social Security Number _____

U.S. Citizens only: For U.S. Government statistical reports purposes only

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

Gender: Female Male

International Students

Country of Citizenship _____ Country of Birth _____

If U.S. Permanent Resident, provide Alien number _____

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: _____

IELTS Yes No Score: _____ Date: _____

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

Relationship

Address—Street

Phone

City

State

Zip

Second Contact 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 the Five Branches University DTCM/Dac Bridge program?
