



**AMERICAN
COLLEGE
OF
TRADITIONAL
CHINESE
MEDICINE**

ACTCM MASTER'S DEGREE APPLICATION

Today's Date _____

Legal Name _____

Last First Middle

Prior Name(s) _____

Last First Middle

Address _____

City _____ State _____ Zip _____

Emergency Contact Name _____ Relation _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____ Emergency _____

Work Phone _____ Email _____

Social Security Number _____ Date of Birth _____

Place of Birth _____ Country of Citizenship _____

Gender: Male Female

What is your native language? English Other _____

(Applicants whose native language is not English must demonstrate English language proficiency at a level appropriate to graduate study.)

Are you a U.S. Military Veteran? Yes No If Yes, date of enlistment _____ Discharge date _____

Are you Hispanic or Latino? Yes No Ethnic background: Black, non -Hispanic American Indian/Alaskan Asian

Native Hawaii/Pacific Islander White, non-Hispanic Other _____

DESIRED COURSE OF STUDY

I am a: New Student Transfer Student If transferring, from where _____

I am applying for: MSTCM Master's Degree & Shiatsu Certificate Master's Degree & Tui Na Certificate

Fall Winter Spring Summer Year _____

Accelerated Full Time Half Time

INTERNATIONAL APPLICANTS ONLY

What type of Visa do you hold? _____

Have you taken the Test of English as a Foreign Language(TOEFL)? No Yes Test score _____ Date taken _____

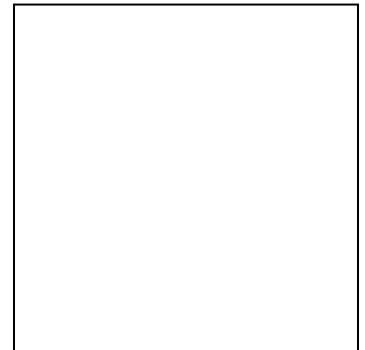
International applicants must submit the following additional information:

- Certificate of Finances - original from financial institution
- Proof of Health Insurance in the United States
- Transcript Evaluations - must be sent directly to a member of the National Association of Credential Evaluation Services (NACES)

EDUCATIONAL HISTORY

Please list all colleges and universities attended with the most recent first .The Admissions Office requires official transcripts from each institution sent directly to ACTCM

Name of Institution _____ City/State _____ Major _____ Dates Attended _____ Degree Earned _____



SUPPLEMENTAL INFORMATION

Professional Resume/Curriculum Vitae

Please submit a complete resume with this application. Include the following information, if applicable :

- Education and post-graduate training
- Work history and professional experience
- Professional and health care licenses received
- Research

Personal Statement

Please submit a typed, double-spaced essay of approximately 500 words in response to the following questions. Include your name on all pages, and attach your essay to this application .

- 1) Discuss the personal and professional reasons that have led you to pursue a master's degree in Traditional Chinese Medicine.
- 2) Why do you wish to study at ACTCM specifically?
- 3) What do you hope to learn/gain from this experience, both personally and professionally?
- 4) What do you hope to contribute to the ACTCM community?
- 5) What specific traits and experiences do you have that you believe will allow you to be successful, both in ACTCM's Master's Degree Program and as a future TCM practitioner?

GPA Statement

Applicants with cumulative GPAs less than 3.0 must submit an additional GPA Statement in order to be considered for admission. This statement should be a minimum of 250 words and discuss the following:

- 1) What are the reasons you struggled academically?
- 2) What you have done professionally and academically post-graduation that demonstrates that you are dedicated to TCM and capable of performing well in a rigorous academic environment?

APPLICATION CHECKLIST INFORMATION

Use this checklist to confirm that each required item has been sent to the ACTCM Office of Admissions. All documents become the property of the American College of Traditional Chinese Medicine.

- Completed Application for Admission
- Personal Statement
- Official Academic Transcripts (Sealed and sent directly from Institution)
- (2) Letters of Recommendation
- (2) Passport-sized photos for Student I.D.
- Current Resume/CV
- Non-refundable Application Fee: \$75 US residents/\$125 International - Early Application Fee
\$125 US residents/\$175 International - Regular Application Fee

I certify that the information supplied by me on this application is true and correct to the best of my knowledge. If any of the information on this application changes between now and my matriculation at ACTCM, I will notify the Admissions Office. I understand that failure to do so may result in withdrawal of my application and/or the offer of admission. If accepted, I agree to abide by all rules and regulations in effect during my enrollment. I understand that submission of fraudulent documents, misrepresentation or deliberate omission of any relevant information in the application process shall be cause for rejection of the candidate, or, if enrolled, revocation of admission retroactive to the date of admission. I understand that the Application Fee covers the cost of processing an application and that the fee is not refundable for any reason. ACTCM reserves the right, without notice, to modify the requirements for admission or graduation; to change the arrangement or content of courses, the instructional materials used, the tuition and other fees; to alter any regulations affecting the student body; to refuse admission or readmission to any student at any time; or to dismiss any student at any time.

Signature

Date