

SAMRA UNIVERSITY OF ORIENTAL MEDICINE

1730 West Olympic Blvd, 3rd Floor

Los Angeles, CA 90015

213-381-2221 (Fax : 213-381-2227)

DOCTORAL PROGRAM ADMISSION APPLICATION

In accordance with Title IV of the Civil Rights Act of 1964, Title IX of Educational Amendments of 1972, Section 5 of the Rehabilitation Act of 1973 and Age Discrimination Act of 1975, Samra University of Oriental Medicine does not discriminate on the basis of race, color, religion, sexual preference, marital status, national origin, age, or mental limitation in any of its practices.

GENERAL INFORMATION

Student ID #: _____ (For Office Use Only)

Applicant's Name: _____
Last (Family) First Middle

If known by any other name, please indicate here: _____

Mailing Address: _____
Street City State Zip Code

Permanent Address: _____
(If other than current mailing address) Street City State Zip Code

Day Telephone: (____) _____ Evening Telephone: (____) _____

E-Mail: _____

In case of emergency: _____ (____) _____
Contact Person Phone Number

ACADEMIC HISTORY

All Colleges or Universities Attended: (Please list in Chronological Order)

College/University	Major	Degree	From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Professional Licenses: _____

NON-IMMIGRATION STATUS

If you are NOT a U.S. citizen or permanent resident:

Country of Citizenship: _____

Please indicate your current Visa status: _____

Do you require an I-20 (for student visa processing)? : YES _____ NO _____

If you are not a U.S. Citizen or permanent Resident, please include a \$100.00 processing fee.

RECOMMENDATIONS (Preferably acupuncturists, college professors and other professionals)

Name _____ Phone _____

Address _____
Street City State Zip Code

Name _____ Phone _____

Address _____
Street City State Zip Code

Name _____ Phone _____

Address _____
Street City State Zip Code

PERSONAL PROFILE

(1) On separate sheets of paper, please submit a typed essay (approximately 500 words) describing your experiences, capabilities and reasons for pursuing the Doctorate in Acupuncture and Oriental Medicine. Be concise but complete in your description.

(2) Where did you learn about Samra University (Please be specific)? _____

(3) The following information has no bearing on the admission decision. It is collected for statistical purposes only.

SEX: MALE _____ FEMALE _____ Date of Birth _____ Birthplace _____

APPLICATION CERTIFICATION

Enclosed is my non-refundable Application Fee of \$100.00. I certify that the information provided on this application is accurate and complete. If I am accepted as a Doctoral student, I agree to abide by all the rules of the University.

Signature of Student

Date

Social Security #