



3000 SOUTH ROBERTSON BOULEVARD, 4TH FLOOR
LOS ANGELES, CALIFORNIA 90034
310-202-6444 • CLINIC 310-202-7555 • FAX 310-202-6007

APPLICATION FOR ADMISSION

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

Applying for Entry in: FALL, 20___ WINTER, 20___ SPRING, 20___ SUMMER, 20___

Social Security Number _____

Applicant Name _____
Last (Family) First Middle

If Known by Any Other Name, Please Indicate Here: _____

Mailing Address _____
Street City State Zip

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

Day Telephone () _____ Evening Telephone () _____

E-mail _____ Fax () _____

In Case of Emergency _____ () _____
Contact Person Phone Number

Status: Full-Time ___ Part-Time ___ Day ___ Evening ___

Prefer Instruction In: English ___ Chinese ___ Korean ___

Have You Filed For Financial Aid? Yes ___ No ___ If Not, Do You Plan To? Yes ___ No ___

ACADEMIC HISTORY

Name of High School Attended _____ Year Graduated _____

Colleges or Universities Attended (please list in chronological order)

Table with 5 columns: School, Major, Degree, From, To. Multiple rows for listing educational institutions.

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CITIZENSHIP STATUS

If you are a U.S. citizen or permanent resident, please indicate your ethnicity: (This information is used for reporting requirements for accreditation and financial aid only)

White/Caucasian _____ Hispanic/Latino _____
Black/African American _____ Oriental/Asian American _____
Native American/Eskimo _____ Filipino/Pacific Islander _____
Other: _____

NON IMMIGRANT 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 _____

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

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

RECOMMENDATIONS (preferably acupuncturists, college professors, and other professionals)

Name _____ Phone _____

Address _____
Street City State Zip

Name _____ Phone _____

Address _____
Street City State Zip

PERSONAL PROFILE

(1) On a separate sheet of paper, please submit a one-paged, typed essay describing your capabilities and reasons for pursuing a career in Oriental Medicine.

(2) How did you first learn about Samra? (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 _____

MARITAL STATUS: Married _____ Single _____ Other _____

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 student, I agree to abide by all rules of the University.

Signature of Applicant

Date