

Han University of Traditional Medicine

2856 E. Ft. Lowell Rd. Tucson, AZ 85716
(520) 322-6330 Fax (520) 322-5661

**Application for Admission
(International Students)**

Application Date: _____ **Apply for:** M.Ac. M.A.O.M **Entry Date:** _____
One Year Graduate Program Quarter Year
ESL+One year Program
NCCAOM Exam Program

Please submit (2) **Name:** _____
passport sized photos Last name First Name Date of Birth Sex

_____ mailing address Home Phone Cell Phone E-mail

_____ City State Zip

(photo)

_____ Emergency Contact Address Phone Relationship

Citizenship _____ US citizen
_____ US permanent resident
_____ Other: Country _____ Visa type _____

(photo)

Education - Please provide official transcripts for all schools listed:
Institution(s) Dates attended Major or concentration Degree

Previous study of Chinese Medicine? _____

Do you need special arrangements for any learning disability? _____ If yes, please explain on an additional sheet.

Do you hold a current license to practice a healing art/science? _____

Issued by: _____ License Number _____

Have you ever had a credential or license revoked or suspended? _____ If yes, please explain on an additional sheet.

I hereby certify that all information provided in this document and all enclosed materials are accurate and complete. I understand any misrepresentation may constitute grounds for non-admission or dismissal.

Applicant's Signature

Date

Please mail completed application and \$300 application fee to:
Han University of Traditional Medicine
2856 E. Ft. Lowell Rd.
Tucson, AZ 85716
Or email to admissionschina@hanuniversity.edu

Official use only: App. received _____ App. fee received _____ Adm. decision _____