

Han University of Traditional Medicine

2856 E. Ft. Lowell Rd.
(520) 322-6330 Fax (520) 322-5661

Application for Admission

Application Date ____/____/____ Applying for: M.Ac. M.A.O.M. Entry Date: ____/____/____
Month Day Year Quarter Year

Please submit (2)
passport sized photos

Last Name First Name Middle

Mailing Address

(photo) _____
City State Zip Date of Birth Sex Social Security Number

Home Phone Work Phone Cell / Pager # E-mail

Emergency Contact Address Phone

(photo)

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

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 \$150 application fee to:

Han University of Traditional Medicine
2856 E. Ft. Lowell Rd.
Tucson, AZ 85716

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