



ALHAMBRA Medical University

School of Acupuncture and Oriental Medicine

Mailing Address: 55 S. Raymond, Suite 105, Alhambra, Ca. 91801

Admission Office: Tel: (626) 289-7719, Fax: (626) 289-8641

仁愛醫科大學入學申請表

I Application Information: 提出申請的學期 **Student ID 學號** _____

20____年冬季學期 Winter

20____年春季學期 Spring

20____年夏季學期 Summer

20____年秋季學期 Fall

II. Program(s): Master of Science in Acupuncture & oriental Medicine 中醫碩士班

III. Student Information: 學生個人資料

a. Full Legal Name 姓名

Last (family) 姓 First 名 Name in Chinese 中文姓名

E-Mail Address 電子郵件信箱 _____

b. Permanent Mailing Address 通訊地址

Number 門牌號碼 Street 街道 Apt. No. 房間號碼

City 城市 State 州 ZIP Code 郵政編碼

Home Phone Number 宅電 Work 工作單位電話 Mobile 手機號碼

c. In Case of Emergency Contact

緊急狀態下的關係人 Name 姓名 Relationship 關係 Phone Number 電話

d. Your Place of Birth 出生地

City 城市 State 州 Country (if not USA) 國家 (如果不是美國)

e. Gender (optional) 性別 (任選) Male 男 Female 女

f. Date of Birth 出生日期 ____/____/____

g. Social Security No. 社會安全號碼 ____/____/____

Back

h. Are you a U.S. Citizen? 您是美國公民嗎? YES 是 NO 不是
 If not a U.S. Citizen, your current immigration status is? 如果不是美國公民, 您的居住身份是:
 Permanent Resident 永久居留 F-1 (International Student) 國際學生 Other- (Please Specify) _____
 其他(請註明)

i. Is English your native language? 您的母語是英語嗎? YES 是 NO 不是

j. List all colleges/universities in order of attendance most recent first.
 您的高等教育學歷, 最近的學歷填在第一行。

Name 學校	City/State 城市/州	Dates Attended 入學年月	Major 專業

k. Were you ever required to leave any college, graduate or professional school or denied admission because of academic performance or conduct? 您曾經因任何學習或操行的原因從學校退學或被拒絕入學嗎?
 NO 不是 YES 是 Please describe: 請說明 _____

l. Have you ever been convicted or plead guilty or no contest to a felony or misdemeanor? 您曾經被判任何罪行或不抗辯對您的重罪或輕罪指控嗎?
 NO 不是 YES 是 Please describe: 請說明 _____

m. Do you have any health or handicap conditions that require special care, facilities or assistance? 您有任何健康或殘障方面的問題需要特殊的照顧或設備嗎?
 NO 不是 YES 是

n. Please provide the following information for statistical purposes only: 下列諮詢只是為了統計的需要:
 White/Non-Hispanic 白人/非西語裔 Native American/Eskimo 美洲原住民/愛斯基摩人 Asian 亞裔
 Hispanic 西語裔 African American 黑人 Filipino/Pacific Islander 菲律賓和太平洋島嶼 Other 其他

Signature of Applicant

Date

“Any questions or problems concerning this school that have not been satisfactorily answered or resolved by the school should be directed to the Bureau for Private Postsecondary and Vocational Education in the Department of Consumer Affairs, 1625 North Market Blvd., Ste S 202, Sacramento, CA 95834. (916)574-7720.
 任何關於本校的問題或不滿之處, 均可向加州消費者委員會反映。地址為: **1625 North Market Blvd., Ste N 112, Sacramento, CA 95834. (800)952-5210.**