



New York College of Traditional Chinese Medicine

Application for Admission

Program of Enrollment:

- Acupuncture BPS/MS Degree
- Chinese Herbology Certificate
- Oriental Medicine BPS/MS Degree
- Medical Qigong Practitioner (M.P.Q.) Certificate

Admission Status (check all that apply):

- New Student
- Transfer Student
- I-20 Student
- Non-Matriculated Student
- Current NYCTCM Student (Expected Date of Graduation): _____
- NYCTCM Graduate
- Graduate of Another Acupuncture Program
- Licensed Acupuncturist

Applying to Enroll: Fall Winter Spring Year _____

Please attach a
passport-size photo

Do not staple

Personal Information

- Dr.
- Mr.
- Mrs.
- Ms.
- Miss

Last Name: _____ First Name: _____ Middle Name: _____ Jr. Sr.

Preferred First Name/Nickname: _____ Maiden Name (last name prior to marriage): _____

Gender: Male Female Birth Date (MM/DD/YY): _____ Title/Occupation: _____

Phone: Home () _____ - _____ Cell () _____ - _____ Email Address: _____

Mailing Address:

Number & Street Apt. # City State Zip Code

Permanent Address (if different from mailing address):

Number & Street Apt. # City State Zip Code

Emergency Contact

Name: _____ Relationship: _____

Address: _____ Phone: () _____ - _____

Racial / Ethnic Origin (optional):

- African-American (Non-Hispanic)
- Asian/Pacific Islander
- Caucasian (White Non-Hispanic)
- Hispanic
- Native American/Alaskan Native
- Other: _____

Citizenship: U.S. Citizen

U.S. Permanent Resident (status approved): Country of Citizenship: _____ Alien Registration #: A- _____

Non U.S. Permanent Resident or Citizen: Country of Citizenship: _____

Currently living in the U.S.? Yes No If Yes: Date of Entry to U.S. _____ Visa Type: _____

Highest Level of Education Completed

- Associate's Degree (60 or more credits at the baccalaureate level)
- Bachelor's Degree
- Master's Degree
- Doctoral Level
- MD

Previous Education (list in chronological order, all colleges & universities attended):

Name of School & College	Major	Dates Attended	Graduation Date	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How did you hear about NYCTCM? (check all that apply): Internet Search (NYCTCM Website) Other Website: _____

- Ad (specify newspaper) _____
- Seminar/Workshop
- Family/Friend/Alumni (specify) _____
- Other _____

Please return to Admissions Office:



Other Information

- Have you been convicted of a felony or misdemeanor, other than traffic offenses? Yes No
If yes, please explain in detail _____
- Do you hold any other professional license(s) other than acupuncture? Yes No
If yes, please explain what type, which state or country _____
- Have you previously applied to NYCTCM? Yes No
If yes, please specify the year of application _____
- Have you ever taken the TOEFL test (or IELTS)? Yes No
If yes, please specify the date and score _____

Financial Planning

How will you finance your education at NYCTCM? Myself Other Federal Student Loan

For Applicants Applying for Financial Aid: For a financial aid information packet, please visit our website at www.nyctcm.edu, or contact our Financial Aid Coordinator at (516)739-1545 ext. 212 or financial_aid@nyctcm.edu. The packet contains your Free Application for Federal Student Aid (FAFSA) instructions for completion. Federal student loans may take up to three months to process. A student is required to make payments during this processing time with an adjustment when the financial aid is received by NYCTCM. Applicants should therefore, begin their financial aid application as soon as possible and not wait until they have been officially accepted in the NYCTCM program.

PLEASE NOTE: FINANCIAL AID IS NOT AVAILABLE FOR THE CHINESE HERBOLOGY CERTIFICATE PROGRAM AND THE MEDICAL QIGONG PRACTITIONER CERTIFICATE PROGRAM.

Declarations:

1. A non-refundable \$70 application fee (\$170 for International Students, \$120 for Transfer Students) is required upon submission of this form. A check, money order or cash is enclosed. Yes
2. I understand that additional documents on the application checklist are required in a timely manner. Yes
3. I understand that all the materials filed in support of this application become a permanent part of my record at New York College of Traditional Chinese Medicine and that they are not returnable. Yes
4. New York State Law requires proof of immunization against Measles, Mumps and Rubella (MMR) for students born on or after January 1, 1957 and registered for 6 or more chargeable credits. The law requires that failure to submit proof of immunization prior to the 30th day of a regular trimester will result in disenrollment from all classes. Disenrolled students are not permitted to be physically present and will receive "W" (Withdrawal) grades for all enrolled classes. Disenrolled students are not entitled to any refund of tuition and fees. I understand that I must provide NYC-TCM with proof of immunization PRIOR TO ENROLLMENT. I must fill out the Meningococcal Meningitis Vaccination Response Form and provide proof of immunization within the last 10 years or acknowledgment of the disease risks and a signed refusal of immunization PRIOR TO ENROLLMENT. My failure to comply with these policies will result in disenrollment from the classes without refund of tuition or fees. I Accept

I, the undersigned, hereby certify that the information on this application is true and accurate to the best of my knowledge.

Applicant's Signature

Date

Please return to Admissions Office:

New York College of Traditional Chinese Medicine * 200 Old Country Road, Suite 500 * Mineola, NY 11501