

New York College of Traditional Chinese Medicine

Application for Admission

Please attach a passport size photo.
Do not staple

Admission Status

New student

Transfer student

Returning NYCTCM student

Non-matriculated student

Applying to enroll

Fall

Winter

Spring

Year _____

Have you previously applied for admission to NYCTCM? Yes No If so, for what year of entry? _____

Female Male

Name _____
LAST / FAMILY MIDDLE FIRST JR ETC

Preferred first/nickname _____ U.S. Social Security No. (if you have one) _____

Date of birth _____ Email address _____
MONTH/DAY/YEAR

Permanent home address _____
NUMBER AND STREET / APT. NO.

CITY OR TOWN _____ STATE _____ COUNTRY _____ ZIP CODE _____

Home phone _____ cell/mobile or alternative phone _____
AREA CODE/NUMBER

Do you plan to apply for financial aid? Yes No

For foreign born applicants

Country of birth? _____ Years lived in the U.S. _____

First language, if other than English _____ Primary language spoken at home _____

Citizenship

Please check one:

U.S. citizen

U.S. Permanent Resident (status approved)

Country of citizenship _____

Alien Registration number _____

Green Card issue date _____

Citizen of a foreign country (but not a U.S. Permanent Resident)

Country of citizenship _____

Currently living in the U.S.? Yes No

Date of entry to U.S. _____ Visa Type _____

Other (please explain)

Optional

Please indicate which of the following best indicates your ethnic background:

Hispanic/Latino

Native American/Alaskan Native

Tribal affiliation _____ *date enrolled* _____

Asian

Black/African America

Native Hawaiian/Pacific Islander

White

Two or more races

Race/ethnicity unknown

Your name: _____

What is your occupation/title? _____

Emergency contact : Name _____ RELATIONSHIP _____

NUMBER AND STREET / APT. NO. _____

CITY OR TOWN _____ STATE _____ ZIP CODE _____ PHONE NO _____

Education History - check highest level of education completed

- Associate Degree (or 60 or more credits) Doctoral level
- Bachelors Degree M.D.
- Masters Degree

College or university

Please list colleges & universities you have attended and have official transcripts sent to NYCTCM.

Name	Major	Dates Attended	Graduation Date	Degree

TOEFL Score (if applicable)

Date _____ Total Score _____ Paper, CBT or IBT _____

What program do you intend to pursue at NYCTCM?

- Acupuncture BPS/MS degree
- Oriental Medicine BPS/MS degree
- Chinese Herbology Certificate Program

Where did you hear about NYCTCM?

check all that apply

- Web search
- NYCTCM web site
- other web site
- Newspaper ad
- Seminar / workshop
- Friend : Please specify _____

I certify that all the information submitted in the application process is factually true and honestly presented.

SIGNATURE

DATE

NYCTCM is committed to a policy that all persons shall have equal access to programs and facilities without discrimination on the basis of race, color, national origin, religion, age, sex, gender, sexual orientation, disability or veteran status.

All materials filed in support of this application become a permanent part of your record at the New York College of Traditional Chinese Medicine. They are not returnable.