

Application

Application

THE COLORADO SCHOOL OF TRADITIONAL CHINESE MEDICINE APPLICATION FOR ADMISSION

(Please type or print)

(For Office Use Only)
Date received _____
Application Fee _____
Received by _____

Attach photo here

Family Name, _____ First Name _____ Sex M/F Age _____ / / DOB _____

Other Names Used _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email Address _____

Marital Status _____ Present Occupation _____

Social Security # _____

Place of Birth, _____ Country _____

If you are a citizen of another country other than the USA,
please name the country _____ indicate your visa status _____

Will you need to apply for a student visa? _____

Ethnic Background (Optional)	Caucasian _____	Hispanic _____
	African-American _____	Asian/Pacific Islander _____
	Asian-American _____	Alaskan Native _____
	American Indian _____	Other _____

In case of emergency contact:
_____ Phone _____ Relationship _____

Colorado School of Traditional Chinese Medicine

Application

Indicate trimester applying for: Winter / Spring 2008 Summer 2008 Fall 2008
Winter / Spring 2009 Summer 2009 Fall 2009
Winter / Spring 2010 Summer 2010 Fall 2010
Winter / Spring 2011 Summer 2011 Fall 2011

Accelerated Full-time Part-time Audit

Transfer credit and challenge exams applying for

How did you hear about CSTCM?

Have you been a patient of an Oriental Medicine practitioner?
If no, we suggest you make an appointment in our student clinic.

Have you read The Web That Has No Weaver and Between Heaven and Earth?

Educational History

(please have official transcripts sent directly from institution to CSTCM for all college credits and high school transcripts or diploma)

Year graduated from high school State

Accredited College/ University (chronological order) Dates Attended Area of Study Degree Date Rec'd #Credits

SAT scores (if known) GRE scores (if known)

List any academic achievement awards

List published articles or books, research, or their creative work

List any other degrees or certifications (please enclose a copy), job or life experience

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Professional History (from past to present)

Place of employment	Dates	Position/Title	Duties/Responsibilities
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever had a credential/license revoked or suspended? _____ If so, give details _____

Community activities/Volunteer work _____

Have you enclosed a recent CV/Resume? _____ Recent passport photo _____

Copy of drivers license or birth certificate _____

Have you enclosed 2 letters of recommendation about your character and integrity? (These should be from professional people, educational institution instructors, or employers) _____

Have you enclosed a letter from a licensed health care provider stating your physical and emotional ability to undertake a demanding educational program? _____

Have you enclosed a \$50.00 application fee? _____ International Student (I-20 Visa) \$100. _____

Have you ever been convicted of a felony? _____ If so, give details _____

Do you now, or have you had, in the past 2 years a contagious disease? _____

If yes, give details _____

Please describe any physical or other limitations which may require special planning _____

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▼
Please indicate any other information you believe would be helpful to us in considering your application _____

Please provide us with a statement about your financial ability to cover your educational expenses _____

(Optional) What other schools are you applying to? _____

I have visited CSTCM and had a tour _____ I plan to visit CSTCM for a tour _____

Personal Essay (please attach 1-2 pages typed)

The information on this application is accurate and complete to the best of my knowledge. I understand I am responsible to complete all application parts and procedures and to have transcripts forwarded from all educational institutions I have attended. These documents become the property of CSTCM and will not be returned to me or duplicated for my needs. I also understand that if accepted to CSTCM, acceptance is subject to verification of official records from all institutions I have attended. I understand that my application will not be processed until all documents necessary are received by CSTCM. If accepted, I agree to comply with all rules, policies, and regulations of CSTCM as set forth in the catalog, student handbook, or other publications, including revisions. I understand that violation of any regulations or policies are grounds for suspension from the program. I understand that eligibility to practice varies from state to state and CSTCM makes no guarantees.

Printed Name _____

Signature _____ Date _____

*You will be contacted by telephone to schedule a personal interview. If you are out-of-state and need a telephone interview, please inform us.