

APPLICATION FOR ADMISSION

UDENT ID:					
I am applying for:		I am applying for admiss	sion to:		
2 Spring 20 (Due Date:)		② Doctoral of Acupunctur	② Doctoral of Acupuncture with Chinese Herbal Medicine		
		Specialization			
2 Fall 2022 (Due Date: 08/25/2022)		I am:			
		2 New Student			
		Transfer Student from :			
Personal Data:					
	Name, as it should appear on your certificate (Last, First, Middle Initial)				
	Permanent Address – Street				
Passport style recent photo	City	State	Zip Code		
	Mailing Address (if different from above) – Street				
	City	State	Zip Code		
	Home Phone	Work Phone	Cell Phone		
	Email	Social Securit	y Number Date of Birth (MM/DD/Y		
Gender: 2 Female 2 N Citizenship:	∕Iale Ethnic: ② Americ ② Hispai	·	sian, Pacific Islander White, Non-Hispanic		
2 United States		_			
		Type of Visa:	Date Issued:		
			Number:		
		IELTS: 2 Yes No Score	2:		
Please Attach a Front-an	d-Back Copy of Your Cur	rent Green Card or Visa			
Education: (Attach addit	ional nages as necessary)				
-		you have attended. In order to be a	ranted transfer credits, you must submi		
	·-	s from foreign countries must be ev			
-33	, , , , , , , , , , , , , , , , , , , ,	. , . ,	,		
College / University			 Degrees		
conege / Oniversity			· ·		
Address			Dates Attended		

Experience: (Please include a resume while providing an overview here)		
Present Occupation	From	То
Previous Occupation Do you have any work experience in the healthcare profession? Yes No if yes, please describe job(s) and train	From	То
Describe your personal interests:		
Have you ever been convicted of a felony?		
Financial Data: Source of income for tuition payment?		
You have access to tuition for: 2 full program 2 1-year 2 2 years 2 3 If your tuition is derived from sources other than your own savings or emp	years 2 4 years loyment, please complet	te the following:
Person(s) or Agency paying tuition Relationship		
Address – Street	Phone	
City	State	Zip Code
In Case of Emergency, Notify		
Name	Relationship	
Address – Street	Phone	
City	State	Zip Code
I hereby certify that all of the information provided in my application is accurate and true, and that I am	the author of the attached Statem	ent of Purpose.
Applicant's signature	Date	

Application Checklist: (with this application, please send)

Completed application form

A Typewritten one-page Statement of Purpose. Your Statement of Purpose should include your background, your interest in Traditional Chinese Medicine and your plans after graduation.

non-refundable application fee \$150

Two recent photographs (2" passport photo)

copy of passport or ID card

Resume

Two letters of reference

If you are master-lever acupuncturist, you will need to provide:

Transcripts from the college(s)/university(ies) you have attended which may apply to your degree or may be transferable towards the doctorate program

Master's degree certificate

Please send to: Vitality University Registration Office

2497-2499 Industrial PKWY West, Hayward, CA 94545 or e-mail to: office.vitalityuniversity@gmail.com Phone: 650 305 1863, 650 918 9968 (text message)

Procedure Note:

- 1. Receive application and those required documents as above
- 2. Review and evaluate by registrar (about 1-week process)