



# APPLICATION FOR ADMISSION TO DOCTOR OF ACUPUNCTURE AND ORIENTAL MEDICINE PROGRAM (DAOM)

**Applying for:**

- Year of admission: \_\_\_\_\_
- Women’s Health / Reproductive Medicine
- Healthy Aging / Internal Medicine

**Student Category:**

- New Student
- Transfer Student
- International Student

**APPLICANT INFORMATION**

|   |   |  |
|---|---|--|
| last name   | first name  | middle name  |
| preferred name  |   | any other name(s) your academic records may be found under   |
| Social Security Number  | birth date  | gender: <input type="checkbox"/> male <input type="checkbox"/> female  |
| <b>MAILING ADDRESS</b>  |   |  |
| street  |   |  |
| city  | state   | zip  |
| day phone   | evening phone                                     | email  |
| <b>PERMANENT ADDRESS</b> (if different from mailing address)  |   |  |
| street  |   |  |
| city  | state   | zip  |
| <b>MARITAL STATUS</b> (statistical purposes only)   |   |  |
| <input type="checkbox"/> single   | <input type="checkbox"/> married                  | <input type="checkbox"/> domestic partner <input type="checkbox"/> widowed <input type="checkbox"/> divorced |
| <b>COUNTRY OF CITIZENSHIP</b>   |   |  |
| <input type="checkbox"/> U.S.   |   |  |
| <input type="checkbox"/> Other (please specify) _____   |   |  |
| <input type="checkbox"/> For U.S permanent resident, please provide alien registration number _____ |   |  |
| <b>ETHNIC GROUP</b> (statistical purposes only)   |   |  |
| <input type="checkbox"/> Native American / Alaska Native  | <input type="checkbox"/> Asian / Pacific islander | <input type="checkbox"/> Black / African- American, non-Hispanic   |
| <input type="checkbox"/> Hispanic/ Latino   | <input type="checkbox"/> Caucasian, non-Hispanic  | <input type="checkbox"/> Multiple ethnicities  |
| <input type="checkbox"/> Other  |   |  |

## EDUCATIONAL HISTORY

Please list (in chronological order) the last three accredited college, university or acupuncture school you have attended. An official sealed transcript is required from each school listed below.

|   |      |                   |      |      |
|---|------|-------------------|------|------|
| institution / location  |      | dates attended    |      |      |
| degree obtained   |      | major / specialty |      |      |
| institution / location  |      | dates attended    |      |      |
| degree obtained   |      | major / specialty |      |      |
| institution / location  |      | dates attended    |      |      |
| degree obtained   |      | major / specialty |      |      |
| If you have taken any of the following tests, please list scores: |      |                   |      |      |
| TOEFL   | MCAT | GRE General       | GMAT | LSAT |
| Please list any scholastic honors and awards                      |      |                   |      |      |
|   |      |                   |      |      |

## PROFESSIONAL ACTIVITIES / ACHIEVEMENTS

|  |                 |              |                  |
|--|-----------------|--------------|------------------|
| Professional licenses or certifications held   |                 |              |                  |
| license type:  | issuing agency: | date issued: | expiration date: |
|  |                 |              |                  |
| license type:  | issuing agency: | date issued: | expiration date: |
|  |                 |              |                  |
| license type:  | issuing agency: | date issued: | expiration date: |
|  |                 |              |                  |
| Please list any professional activities and achievements, including any professional research and publications |                 |              |                  |
|  |                 |              |                  |
|  |                 |              |                  |
|  |                 |              |                  |

## EMPLOYMENT INFORMATION

|                  |                     |
|------------------|---------------------|
| name of employer | location            |
| position held    | dates of employment |
| name of employer | location            |
| position held    | dates of employment |
| name of employer | location            |
| position held    | dates of employment |

## EMERGENCY CONTACT

|                                     |                           |
|-------------------------------------|---------------------------|
| Please list two emergency contacts: |                           |
| Name of emergency contact           | Relationship to Applicant |
| Address                             | Contact number            |
| Name of emergency contact           | Relationship to Applicant |
| Address                             | Contact number            |

## PROFESSIONAL REFERENCES

|  |                         |
|--|-------------------------|
| Please list the names of two individuals from whom you have requested letters of recommendation: |                         |
| Name   | Organization / Position |
| Contact information  |                         |
| Name   | Organization / Position |
| Contact information  |                         |

## REQUIRED APPLICATION MATERIALS

### ALL APPLICANTS:

Please enclose the following items with your application:

**APPLICATION FEE**

\$100 non-refundable check (\$150 for international students) payable to: Yo San University

**STATEMENT OF PURPOSE**

Please write a 500-word essay summarizing your motivation for seeking the DAOM degree and why you choose to apply to the Yo San University DAOM program

**PROFESSIONAL CURRICULUM VITAE**

**PROFESSIONAL LICENSURE**

Please include a copy of all professional licensure and certifications

**TRANSCRIPTS**

From each school listed on this application, please have official transcripts mailed to:  
Yo San University, 13315 West Washington Boulevard, Los Angeles, CA 90066, Attn: DAOM Program Manager

**RECOMMENDATIONS**

Please have two letters of recommendation on official letterhead mailed to the above address

**PHOTOGRAPHS**

Please include two identical, current, color passport-size photographs

**ADMISSIONS INTERVIEW**

Upon submission of your completed application, please contact the DAOM Program Manager for a personal interview: (310) 577-3000

➔ **FOR INTERNATIONAL APPLICANTS**

In addition to the materials mentioned above, please include:

- ◆ Official foreign transcripts evaluated by World Education Services (<http://www.wes.org>)
- ◆ Copy of official TOEFL scores
- ◆ Financial statement demonstrating sufficient funds to cover one full year of tuition, fees, books and living expenses

## APPLICANT CERTIFICATION

I certify that all information submitted in the admissions process – including the application, personal statements, and any other supporting material – is my own work, factually true, honestly presented and correct to the best of my knowledge, and that these documents will become the property of Yo San University (YSU) and will not be returned to me. I also understand that acceptance to YSU is subject to verification of official records from the institutions I have attended, and any misrepresentation or omission may result in the delay, denial or cancellation of any admission decision, transfer credit, or enrollment.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Name of applicant (please print)

\_\_\_\_\_  
Date

Complete and accurate information will help expedite the processing of your application. Please send the completed application to:

**DAOM ADMISSIONS OFFICE**  
**YO SAN UNIVERSITY**  
13315 WEST WASHINGTON BOULEVARD  
LOS ANGELES, CA 90066

Applicants will be notified in writing of the DAOM Admissions Committee's decision within 30 days of the receipt of the complete application.