



YO SAN
UNIVERSITY

OF TRADITIONAL
CHINESE
MEDICINE

APPLICATION FOR ADMISSION TO MASTER'S OF ACUPUNCTURE AND TRADITIONAL CHINESE MEDICINE PROGRAM

- New Student
 International Student
 Transfer Student

- APPLYING FOR**
- Fall 20____
 Spring 20____
 Summer 20____
- Full-time study
 Part-time study

APPLICANT INFORMATION

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

EDUCATIONAL HISTORY

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

institution	dates attended
major field of study	degree
institution	dates attended
major field of study	degree
institution	dates attended
major field of study	degree

If you have taken any of the following tests, please list scores:

TOEFL	MCAT	GRE General	GMAT	LSAT
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Please list any scholastic distinctions –

Professional licenses or certifications

license type:	issuing agency:	date issued:	expiration date:
license type:	issuing agency:	date issued:	expiration date:
license type:	issuing agency:	date issued:	expiration date:

COMMUNITY ACTIVITIES

FAMILY INFORMATION

father's name	<input type="checkbox"/> deceased
address	
contact number	
mother's name	<input type="checkbox"/> deceased
address (if different)	
contact number	

EMERGENCY CONTACT

name	relation
day phone	evening phone

PROFESSIONAL REFERENCES

Please list the names of two individuals from whom you have requested letters of recommendation:	
name	organization
address	
name	organization
address	

REQUIRED APPLICATION MATERIALS

ALL APPLICANTS:

Please enclose the following items with your application:

- **APPLICATION FEE**
\$75 non-refundable check (\$150 for international students) payable to: Yo San University
- **STATEMENT OF PURPOSE**
Please write a 500-word essay addressing why you specifically want to attend Yo San University and how you see your role as a future healer.
- **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: Director of Admissions
- **RECOMMENDATIONS**
Please have two sealed letters of recommendation on official letterhead mailed to the above address.
- **CURRENT RESUMÉ**
- **PHOTOGRAPHS**
Please include two identical, current, color passport-size photographs.
- **ADMISSIONS INTERVIEW**
Upon submission of your completed application, please contact the Director of Admissions for a personal interview: (310) 577-3000.

INTERNATIONAL APPLICANTS:

In addition to the materials mentioned above, please include:

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

The information on this application is complete and correct to the best of my knowledge. I understand it is my responsibility to complete all application procedures and to have transcripts forwarded from the schools I have attended. These documents become the property of Yo San University (YSU) and will not be returned to me or duplicated for any purpose. I also understand that if I am accepted to YSU, acceptance is subject to verification of official records from the institutions I have attended.

I understand that to practice acupuncture in California, I must pass the California Acupuncture Licensing Examination administered by the California Acupuncture Board and possess a valid Acupuncture License.

date

printed name

signature

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

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

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