



YO SAN UNIVERSITY OF TRADITIONAL CHINESE MEDICINE
13315 WEST WASHINGTON BLVD. ■ LOS ANGELES ■ CALIFORNIA ■ 90066
TEL 310.577.3000 ■ FAX 310.577.3033 ■ WWW.YOSAN.EDU

APPLICATION FOR GRADUATION

\$250.00 FEE WILL BE CHARGED TO YOUR ACCOUNT

****SUBMIT THIS FORM TO THE REGISTRAR WITH YOUR REGISTRATION FORM FOR YOUR FINAL TRIMESTER****

NAME _____

(as you wish it to appear on your diploma)

SOCIAL SECURITY NUMBER _____

TRIMESTER IN WHICH YOU EXPECT TO COMPLETE ALL REQUIREMENTS FOR
THE MASTER OF ACUPUNCTURE AND TRADITIONAL CHINESE MEDICINE DEGREE _____

(In order to participate in the Graduation Ceremony, you must have completed all course work, including Qi courses, case studies, and clinical hours (with a 10% grace margin) by the end of the trimester the ceremony takes place. You do not need to have passed your Graduation Exam, but if you have not, your diploma will be a "mock" diploma until you have passed it).

ADDRESS FOR DIPLOMA MAILING

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

SIGNATURE _____ DATE _____

..... FOR OFFICE USE ONLY

DEPARTMENT CLEARANCES	SIGNATURE	DATE
ACADEMIC DEAN/ASST.ACAD. DEAN Verifies completion of all course work	_____	_____
CLINIC DEAN Verifies completion of all clinical hours	_____	_____
REGISTRAR Verifies payment of all tuition, fees, and payment of all money due in the clinic and library	_____	_____
APPLIES FEE TO STUDENT'S ACCOUNT	_____	_____
DEAN OF CLINICAL EDUCATION Verifies passing of graduation Exam	_____	_____