

# Acupuncture & Integrative Medicine College, Berkeley

## Application for Admission

### Contact Information

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Other Names Used (Maiden) \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Applying for Year 20\_\_

September  Standard  Part-time

April/May  Progressive

January  Domestic Student

AOM Transfer \_\_\_\_\_  Foreign/International

Date of Birth (MM/DD/YY) \_\_\_\_\_

SSN # \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Citizenship Information

Place of Birth (City/State, Country) \_\_\_\_\_

Visa Type (Permanent Resident and Non-U.S. Citizens) \_\_\_\_\_

Visa Number \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

I will apply for a Student Visa (F-1)

I will apply for an Exchange Visitor Visa (J-1)

### U.S. citizens and permanent residents, please indicate your predominant racial/cultural/ethnic background! (Optional and for statistical purposes only)

American  
Indian

African  
American

Asian or  
Pacific Islander

Caucasian

Hispanic  
(Latino)

Middle Eastern

Other (please specify) \_\_\_\_\_

### Language Proficiency

Please list all languages in which you are fluent: \_\_\_\_\_

Prospective students who come from countries in which English is not an official language must verify English language proficiency by submitting proper verification.

English is my first language (see Citizenship Information).

I am submitting a high school, college, or university transcript verifying my diploma/degree from an institution in which English is the exclusive language of instruction

I am submitting TOEFL results at or above 500 paper-based score (173 computer-based), and TSE Results of an average or greater score, sent directly to AIMC Berkeley (Institution Code **8482**)

I am submitting TOEFL iBT (Internet-based test) results at or above 70, with the following minimum section requirements: Reading-16, Listening-19, Speaking-19, Writing-16.



## Personal Information

Do you have any special needs that we should be aware of? YES / NO If yes, please describe: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor other than a traffic violation? YES / NO If yes, please describe: \_\_\_\_\_

Have you ever had a professional credential or license revoked or suspended? YES / NO If yes, please describe: \_\_\_\_\_

Do you plan to apply for financial aid?  Yes  No

Please list other schools you are applying to for admission: \_\_\_\_\_

How did you find out about AIMC Berkeley? \_\_\_\_\_

Which individual was instrumental in helping make your decision to attend AIMC Berkeley? \_\_\_\_\_

## Academic Information

AIMC Berkeley requires a minimum of sixty (60+) semester units of undergraduate work (90+ quarter units), completed at a governmentally approved college or university with a minimum GPA of 2.5. To verify minimum requirements are met, please indicate all institutions you attended and arrange for official transcripts to be sent to AIMC Berkeley. (Foreign transcripts require a "course-by-course" evaluation that includes grade equivalents, and course hours, sent directly to AIMC Berkeley by an agency approved for evaluating foreign educational materials.)

College or University	Degree Earned	Major	Dates Attended	Credits Earned	GPA



## Basic Science Requirement

You can fulfill your basic science requirement (BSR) at AIMC Berkeley or by transferring in courses taken at another institution. If you have taken the following courses elsewhere, please indicate so by filling in the following blanks.

Requirement	College or University	Course Number and Title	Year Taken	Grade Earned	Units & Hours
Biology* (3–5 sem. units)					
Chemistry* (3–5 sem. units)					
Physics (3 sem. units)					
Psychology (3 sem. units)					

**\*Biology and Chemistry must meet a combined 8 semester units, with a minimum of 3 units each. AIMC Berkeley recommends 4 units for each.**

## Other Application Requirements

Your application will only be considered complete when the following documents have been received. You will then be contacted to schedule an on-campus interview with members of the Admissions Committee prior to being admitted; telephone interviews can be arranged if an on-campus interview is not possible.

### Include with this completed form the following:

- A one-time, non-refundable application fee:  
\$100 standard applicants; \$200 international applicants; \$200 AOM transfer applicants
- A résumé presenting your educational and professional background
- A personal essay, 500 words in length, answering the following prompt—*Describe your first experience with Acupuncture and Herbology, and describe the path that led you to choose Acupuncture & Oriental Medicine as a profession.*

### Arrange to be submitted directly to AIMC Berkeley the following:

- Official college and university transcripts sent from the school(s) to AIMC Berkeley
- Two sealed letters of recommendation bearing the senders' signature and contact information. Letters of recommendation should speak to an applicant's educational ability, professionalism, compassion, maturity, and/or overall ability to successfully complete the master's program and become a successful practitioner. Letters of recommendation can be from professional, educational or personal contacts; however, we cannot accept letters from relatives of the applicant.
- Completed Health Form and tuberculosis test results
- Foreign transcript evaluation, if applicable
- Proof of English language proficiency, if applicable (diploma/degree verification or TOEFL/TSE results)

### All applicants must sign below:

*I certify that all information provided in this application is, to the best of my knowledge, correct and complete. I understand that I may be required to furnish documented proof of information given. Misrepresentation of information on this form constitutes grounds for immediate disqualification and withdrawal from classes.*

Signature

Date

