

Asian Institute of Medical Studies

3131 N. Country Club, Suite 100 Tucson, AZ 85716
(520) 322-6330 Fax (520) 322-5661

Application for Admission

Application Date ____/____/____ Applying for: M.Ac. M.A.O.M. Entry Date: ____/____/____
Month Day Year Quarter Year

Please submit (2) passport sized photos

_____	_____	_____	_____
Last Name	First Name	Middle	

Mailing Address

(attach photo)

_____	_____	_____	_____
City	State	Zip	

_____	_____	_____	_____
Home Phone	Work Phone	Cell / Pager #	E-mail

_____	_____	_____	_____
Emergency Contact	Address	Phone	

(attach photo)

_____	_____	_____	_____
Social Security Number	Date of Birth	Sex	

Citizenship _____ US citizen
_____ US permanent resident
_____ Other: Country _____ Visa type _____

Education - Please provide official transcripts for all schools listed:

Institution(s)	Dates attended	Major or concentration	Degree
----------------	----------------	------------------------	--------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous study of Chinese Medicine? _____

Do you need special arrangements for any learning disability? _____ If yes, please explain on an additional sheet.

Do you hold a current license to practice a healing art/science? _____

_____	_____
Issued by	License Number

Have you ever had a credential or license revoked or suspended? _____ If yes, please explain: _____

I hereby certify that all information provided in this document and all enclosed materials are accurate and complete. I understand any misrepresentation may constitute grounds for dismissal.

Applicant's Signature _____ Date _____

Please mail completed application and \$100 application fee to:

Asian Institute of Medical Studies
3131 N. Country Club, Suite 100, Tucson, AZ 85716

Official use only App. received _____ App. fee received _____ Adm. decision _____