



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 <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"/> For U.S permanent resident, please provide alien registration number _____		
ETHNIC GROUP (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.