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**SOUTHERN CALIFORNIA UNIVERSITY**  
**School of Oriental Medicine and Acupuncture**  
 1541 Wilshire Blvd. 3rd Fl. Los Angeles, CA 90017 • 213) 413-9500 • Fax: 213) 413-5400 • info@scusoma.edu

Master's Degree in Oriental Medicine & Acupuncture (MSOAM)

SCUSOMA does not discriminate on the basis of race, religion, sexual preference, marital status, national origin, or age in any of its practices.

**PERSONAL DATA**

Application Date / / Applying for  Winter  Spring  Summer  Fall Year: \_\_\_\_\_

New Student  Transfer Student If transferring, where from? \_\_\_\_\_

Full-time student  Part-time student \_\_\_\_\_

Legal Name \_\_\_\_\_  
 Last Name (Family Name) First Middle (Maiden)

Prior Name(s) Preferred Name \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address, if different \_\_\_\_\_

Social Security Number - - \_\_\_\_\_

Home Phone ( ) Work Phone ( ) \_\_\_\_\_

Mobile/Pager ( ) E-mail \_\_\_\_\_

Date of Birth / / Place of Birth  
 Month Day Year City State or Country

**CITIZENSHIP**

Do you plan to apply for student loan or financial aid? Yes  No  If yes, please request and complete a loan application.

US/Dual US Citizen If dual, specify other citizenship \_\_\_\_\_

Other citizenship: Country Visa type \_\_\_\_\_

US Permanent Resident \_\_\_\_\_

**ACADEMIC INFORMATION**

<i>Institution/Location</i>	<i>Major/Degree</i>	<i>Dates Attended</i>
_____	_____	_____
_____	_____	_____

<i>Institution/Location</i>	<i>Major/Degree</i>	<i>Dates Attended</i>
_____	_____	_____
_____	_____	_____

## EMPLOYMENT INFORMATION

Name of Employer	Location	Position	Phone	Dates of Employment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How did you find out about the MSOMA Program at Southern California University SOMA?

\_\_\_\_\_

\_\_\_\_\_

What were the most important factors in your decision to apply to Southern California University SOMA?

\_\_\_\_\_

\_\_\_\_\_

EMERGENCY CONTACTS (Please list two)

Name	Relationship to applicant
_____	_____

Address	Phone ( )
_____	_____

Gender:  Male  Female

Marital Status:  Married  Single  Other

ETHNIC BACKGROUND (Information in this section is voluntary and will only be used for statistical analysis)

- African American/ Black  
Hispanic/Latino(a)
- American Indian/Alaskan Native  
White/Caucasian
- Asian/Pacific Islander  
 Bi-/Multi-racial  Other

I certify that the information supplied by me on this application is true and correct to the best of my knowledge. If any of the information on this form changes between now and my matriculation at Southern California University SOMA, I will notify the Admissions Office. I understand that failure to do so may result in negation of my application and/or withdrawal of the offer of admission.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### APPLICATION CHECKLIST (OFFICE USE ONLY)

See catalog for admissions procedure. With this application, please send:

- Completed and signed application form
- \$100 non-refundable application fee
- Official, sealed transcripts from all college(s) /university(ies) you have attended.
- Personal Statement
- Two recent photographs
- Student loan application (if applying )
- International student visa (copy)
- Arrange to have the two letters of recommendation mailed separately. DO NOT include them with your application.
- Arrange for an Admissions Interview with the Director of Admissions (Please phone (213) 413-9500)

Office Name & Signature

Date