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SOUTHERN CALIFORNIA UNIVERSITY
School of Oriental Medicine and Acupuncture
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Master's Degree in Oriental Medicine & Acupuncture (MSOAM)

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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

PROGRAM

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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

