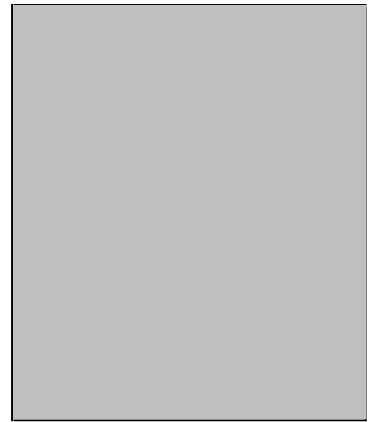


ADMISSIONS APPLICATION

**APPLICATION FOR ADMISSION**



- MASTERS OF SCIENCE IN ORIENTAL MEDICINE**  
 **DOCTOR OF ACUPUNCTURE AND TRADITIONAL MEDICINE (DATM)**  
 **DATM COMPLETION TRACK**  
 **NEW ADMISSIONS**     **RE-ADMISSIONS**

**STUDENT INFORMATION**

Please attach a passport-sized color photo taken within 3 months

LAST NAME		FIRST NAME		MIDDLE NAME	
STUDENT I.D. #	<i>Office Use Only</i>	S.S.N		GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female
DATE OF BIRTH	<i>Month/Date/Year</i>		BIRTH PLACE	<i>City/State/Country</i>	
MARITAL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married	DRIVER'S LICENSE	<i>State</i> <i>ID#</i>	STUDENT'S FIRST LANGUAGE	

**LOCAL ADDRESS**

**PERMANENT ADDRESS**

Street Address 1
Street Address 2
Street Address 3
City, State, Zip
Country
Mobile Phone                      Work Phone
E-mail Address

Street Address 1
Street Address 2
Street Address 3
City, State, Zip
Country
Mobile Phone                      Work Phone
E-mail Address

COUNTRY OF CITIZENSHIP		CURRENT STATE OF RESIDENCE	
------------------------	--	----------------------------	--

If not a US citizen, your current immigration status is (check one and specify if necessary):

- Permanent Resident   
 F-1 (International Student)   
 Other-Specify \_\_\_\_\_

The US Government requires us to collect information regarding the ethnic origin of our applicants. Please check and specify if necessary:

- Asian/Pacific Islander   
 Black/African American   
 White/Caucasian   
 Chicano/Latino   
 Other \_\_\_\_\_

**ENROLLMENT INFORMATION**

Year you plan to enroll: \_\_\_\_\_ Term you plan to enroll:     Winter     Spring     Summer     Fall

Language Program:     English Program     Korean Program     Chinese Program

Financial Resources:     Personal     Family Support     Financial Aid     Other-Specify \_\_\_\_\_

**ADMISSIONS APPLICATION**

**ACADEMIC INFORMATION**

NAME OF SCHOOL, COLLEGE, UNIVERSITY	CITY	STATE	BEGIN (MM/DD/YY)	END (MM/DD/YY)	DEGREE CONFERRED

**EMERGENCY CONTACT INFORMATION** *(Must list at least one local contact)*

NAME	RELATION	ADDRESS	WORK PHONE	HOME PHONE

By signing below, I certify that the information given on the application is true and correct. I understand that once all required documentations are submitted, they will become the property of Dongguk University and will not be returned to me or duplicated. I also accept and understand that acceptance of this application for admission to the University may be contingent upon verification of any information regarding my educational background.

In addition, I have been advised of and fully understand Dongguk University's Refund and Cancellation Policies such that if a situation occurs where I choose to cancel my enrollment agreement or seek a refund, I must make my request in writing within the specified time as required by the University.

STUDENT'S SIGNATURE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

**ADMISSION COMMITTEE DECISION:**     ADMIT     CONDITIONALLY ADMIT     DENY ADMISSION

COMMENT: \_\_\_\_\_

PROGRAM DIRECTOR \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DEAN OF ADMISSION \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_