

Comprehensive Graduation Exam Registration Form

I. STUDENT INFORMATION

1. Full Name	
2. Student ID	3. Program
4. Phone number	5. E-mail
6. Exam Language	7. Check if Re-take
	<input type="checkbox"/> Retake CGE <input type="checkbox"/> Special Retake CGE Last CGE Date:

II. REQUIREMENTS

<input type="checkbox"/> Completed Units (Class): over 150
<input type="checkbox"/> Completed Internship hours : 520 Hours
<input type="checkbox"/> HB110 : Intro. To Botany & Herbs
<input type="checkbox"/> HB211, 212, 213, 214 : Herbs: Category 1,2,3,4
<input type="checkbox"/> HB311/312/313/314: At least 2 of Herbal Formulas
<input type="checkbox"/> AC111,112 : Acupuncture Anatomy 1,2
<input type="checkbox"/> AC211 : Meridian Theory
<input type="checkbox"/> AC311, 312 : Acupuncture Physiology 1,2
<input type="checkbox"/> AC321,322 : Acupuncture Techniques 1, 2
<input type="checkbox"/> AC411/412 : At least 1 of Acupuncture Therapeutics 1/2
<input type="checkbox"/> OM 121, 211 : Basic Theory of OM 1,2
<input type="checkbox"/> OM 221, 311, 312 : OM Diagnosis 1,2,3
<input type="checkbox"/> OM 411/412/413/414: At least 1 of OM Internal Medicine 1,2,3,4
<input type="checkbox"/> WM110 : WM Terminology
<input type="checkbox"/> WM224 : Physical Exam in WM
<input type="checkbox"/> WM311/312/313: At least 1 of WM 1/2/3
<input type="checkbox"/> BS211, 212, 213, 214 : Anatomy & Physiology 1,2,3,4
<input type="checkbox"/> BS311,312,313 : WM Pathology 1,2,3
<input type="checkbox"/> TB211 : Tui-Na
<input type="checkbox"/> CM101, 102, 103: Case Management 1,2,3

III. INSTRUCTIONS

1. You must apply your Comprehensive Graduation Exam Registration Form by the deadline stated in the Academic and Administrative Calendar. To apply, go contact the Academic Coordinator (Korean: Ac-kor@dula.edu, English: Ac-eng@dula.edu) first and submit this form.
2. Submit form to Ac@dula.edu
3. Registration fee (\$100) should be paid after you have submitted this form, via Populi or at the front office.
4. Special Re-take of Comprehensive Graduation Exam Fee : \$350
5. If course waivers or special accommodations are needed, please fill out and attach a petition form with your application.
6. Detailed instructions will be sent to your E-mail after all registrations are complete.

Student: _____
Signature *Date*

TO BE COMPLETED BY UNIVERSITY OFFICE

Academic Coordinator	Director of Accounting	Academic Dean
Date :	Date :	Date :