
The submission of a Degree Name Amendment Request is applicable **only** to those who have enrolled before the year 2024. If you do not wish to make the change indicated in this form, or if it does not affect you, no action is needed.

Degree Name Choice: ☐ Master of Science in Oriental Medicine (MSOM)
 ☐ Doctor of Acupuncture and Traditional Medicine (DATM)

Applicant Information:

Student Name _____ Student ID _____

Contact Email _____

Contact Phone Number _____

Reason _____

Acknowledgment:

I, _____, acknowledge that I am a student enrolled in Dongguk University Los Angeles. I understand that, as per the recommendations of ACAHM (formerly ACAOM), the degree names MSOM and DATM have been changed to MAcHM and DAcHM, respectively.

I hereby request a change in my graduation certificate to reflect the old degree name instead of the new degree name.

I am aware that the deadline for submitting this request is February 29th, 2024.

I certify that the information provided in this form is accurate to the best of my knowledge.

Student Signature

Date (mm/dd/yyyy)