

## Mid-Curriculum Registration Form

### I. STUDENT INFORMATION

<b>1. Full Name</b>	<b>2. Student ID</b>	
<b>3. Program</b>	<b>4. Applying for</b>	
	<input type="checkbox"/> Written	<input type="checkbox"/> Practical
<b>5. Phone number</b>	<b>6. E-mail</b>	
<b>7. Exam Language</b>	<b>8. Check if Re-take</b>	
	<input type="checkbox"/> Written	<input type="checkbox"/> Practical

### II. REQUIREMENTS

<input type="checkbox"/> <b>Completed Units (Class):</b> over 100
<input type="checkbox"/> <b>Level I Internship (Observation) :</b> 80 Hours
<input type="checkbox"/> <b>HB110 :</b> Intro. To Botany & Herbs
<input type="checkbox"/> <b>HB211, 212, 213, 214 :</b> Herbs: Category 1,2,3,4
<input type="checkbox"/> <b>AC111,112 :</b> Acupuncture Anatomy 1,2
<input type="checkbox"/> <b>AC211 :</b> Meridian Theory
<input type="checkbox"/> <b>AC311, 312 :</b> Acupuncture Physiology 1,2
<input type="checkbox"/> <b>AC321/322 :</b> At least one of Acupuncture Techniques 1 or 2
<input type="checkbox"/> <b>OM 121, 211 :</b> Basic Theory of OM 1,2
<input type="checkbox"/> <b>OM 221, 311, 312 :</b> OM Diagnosis 1,2,3
<input type="checkbox"/> <b>WM110 :</b> WM Terminology
<input type="checkbox"/> <b>BS211, 212, 213, 214 :</b> Anatomy & Physiology 1,2,3,4
<input type="checkbox"/> <b>BS311/312/313 :</b> At least one of WM Pathology 1,2,3
<input type="checkbox"/> <b>TB211 :</b> Tui-Na

### III. INSTRUCTIONS

1. You must apply your Mid-Curriculum Registration Form by the deadline stated in the Academic and Administrative Calendar. To apply, go contact the Academic Coordinator (Korean: [Ac-kor@dula.edu](mailto:Ac-kor@dula.edu), English: [Ac-eng@dula.edu](mailto:Ac-eng@dula.edu)) first and submit this form
2. Submit form to [Ac@dula.edu](mailto:Ac@dula.edu)
3. Registration fee (\$50) should be paid after you have submitted this form, via Populi or at the front office.
4. If course waivers or special accommodations are needed, please fill out and attach a petition form with your application.
5. 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	OMC Intern Coordinator	Office Manager	Director of Accounting
Date :	Date :	Date :	Date :