

School of Oriental Medicine

REQUEST FORM

Student Name : (Last) _____ (Middle) _____ (First) _____
Student ID : _____ Phone : _____ Email : _____
DOB : _____ Last 4 digits SSN: _____

Please indicate your selection:

Items	Regular	Express	Quantity	Sub-total
Certificate of Patient Log (Including Notarization Fee)	\$60	N/A		
Certificate of Clinical Training	\$5	\$10		
Certificate of Attendance	\$10	\$15		
Certificate of Graduation	\$10	\$15		
Certificate of Letter	\$5	N/A		
I-20 Reissued	\$50	N/A		
CNT Certificate Reissued	\$5	N/A		
Diploma Reissued	\$100	N/A		
Transfer Credit Evaluation (Prior Matriculation)	\$100	N/A		
Transfer Credit Evaluation (During Matriculation) – Max 5 courses	\$50 / courses	N/A		
Graduation Fee	\$200	N/A		
Mid-Curriculum Exam / MCE (Initial / Retake)	\$50	N/A		
Comprehensive Graduation Exam / CGE (Initial / Retake)	\$100	N/A		
Special Condition of Scheduled CGE	\$350	N/A		
Makeup Final Exam	\$100 / exam	N/A		
DAOM Capstone Review	\$100	N/A		
Courses Incompletion / Grade Change	\$50	N/A		
Challenge Exam	50% of Tuition Fee	N/A		
Tuition Verification	\$10	\$15		
Drop Class (From 1 st day of new academic quarter)	\$20 / class	N/A		
Late Didactic Class Registration (After end of official didactic class registration period)	\$100	N/A		
Changing Clinic Shift (adding, dropping, changing) after end of official clinic registration period	\$20 / shift	N/A		
Quarterly Registration Fee	\$50 / quarter	N/A		
Application Fee (New Student)	\$100	N/A		
International Student Processing (For New Student)	\$100	N/A		
Quarterly Clinic Malpractice Insurance	\$55 / quarter	N/A		
Student / Clinic ID Card	\$10	N/A		
Quarterly Facility and Technology	\$50 / quarter	N/A		
Parking (Daily)	\$5 / day	N/A		
Parking (Quarterly)	\$50 / quarter	N/A		
Fax Service – Domestic (Charged per page)	\$1	N/A		
Fax Service – International (Charged per page)	\$3	N/A		
Scanning Service	\$3	N/A		

Note: Document processing time: 3-business day (Regular), 1-business day (Express), 1-month (Diploma re-issued)
For the complete list of fees, see DULA University Policy Handbook available at www.dula.edu or ask DULA Front Desk

Official Transcript: For transfer purpose, please indicate the name of institution you wish to transfer

Name of the Institution : _____

Please choose from the following mailing option:

Mailing Items	Fee	Quantity	Sub-total
Mailing Service – Domestic and Certified	\$5		
Mailing International - International	Cost + \$5 Handling Fee		
TOTAL AMOUNT			

***** Mailing Label (Student is responsible for the complete correct mailing address)**

Name : _____

Address : _____

City : _____ State / Province : _____ Zip Code : _____ Country : _____

Email : _____ Phone : _____

Student's Name : _____ Student's Signature : _____

Date : _____

FOR OFFICIAL USE ONLY

Received By : _____

Staff Signature : _____

Receipt # : _____