

# 美洲中國文化醫藥大學

ACADEMY OF CHINESE CULTURE AND HEALTH SCIENCES

1601 Clay Street, CA 94612

(510) 763-7787

## NOTICE OF CANDIDACY TO GRADUATE

Name: 姓名 (大寫) \_\_\_\_\_ Date: 日期 \_\_\_\_\_

Last 姓                      First 名                      Middle

The above name is my official name, which will be used for the application of CALE and/or NCCAOM exam. Also, please use this name ( and plus my Chinese name \_\_\_\_\_ ) for my diploma.

上述姓名為本人報考加州考試、全國考試及文憑上的正式用名。文憑上需加的中文姓名為： \_\_\_\_\_

\*\*\*\*\*

**I have fulfilled all the graduation requirements and I hereby request formal candidacy for graduation. 本人已完成全部學業，現申請畢業。**

I plan to attend the graduation ceremony. 要求參加畢業典禮

I do not plan to attend the graduation ceremony. 不打算參加畢業典禮

**I have completed all required didactic courses of MSTCM program, yet I still have about \_\_\_\_\_ clinic hours to complete. 本人已完成全部課程，但尚有 \_\_\_\_\_ 小時診所實習未完成。**

I plan to attend the graduation ceremony. 要求參加畢業典禮

I do not plan to attend the graduation ceremony. 不打算參加畢業典禮

Sincerely,

\_\_\_\_\_ (Signature 學生簽字)

### For Office Use Only

Approved/Denied to attend the ceremony:                      Administrator: \_\_\_\_\_

Comments: \_\_\_\_\_

Graduation fee paid: Ck# \_\_\_\_\_ Cash \_\_\_\_\_ Receipt \_\_\_\_\_