

# 學大藥醫化文中洲美

## Academy of Chinese & Health Sciences

1601 Clay Street, Oakland, CA 94612

Tel: 510-763-7787 Fax: 510-834-8646

### APPLICATION FORM FOR ADMISSION

Please print or type, attach extra paper if necessary

#### PERSONAL INFORMATION

個人基本資料

Name \_\_\_\_\_

姓名 Last 姓

First 名

Middle

Social Security No. \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex: \_\_\_\_\_

社會安全號碼

生日

性別

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

住宅電話

工作電話

Email Address \_\_\_\_\_ Fax \_\_\_\_\_

電子郵件

傳真

Other names on record from previous schools \_\_\_\_\_

在以前的學校所用的其它姓名

#### Mailing Address

現在住址 \_\_\_\_\_

Street 街道

City 城市

State 洲

Zip 地區號

#### Permanent Address

永久住址 \_\_\_\_\_

Street 街道

City 城市

State 洲

Zip 地區號

Citizenship: \_\_\_\_\_ US Citizen \_\_\_\_\_ Permanent Resident \_\_\_\_\_ Foreign Student \_\_\_\_\_

國籍

美國公民

永久公民

外國學生

#### Program & Entry Status (please check one)

申請何種課程 (請各選一項)

Full-time Program 全職 \_\_\_\_\_ Spring Admission 春季 \_\_\_\_\_ Chinese Program 中文班 \_\_\_\_\_

Part-time Program 半職 \_\_\_\_\_ Summer Admission 夏季 \_\_\_\_\_ English Program 英文班 \_\_\_\_\_

\_\_\_\_\_ Fall Admission 秋季 \_\_\_\_\_

Please indicate any physical or other limitations, which may require special planning in preparing for a graduate study program 有否任何生理殘障?

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**IN CASE OF EMERGENCY, NOTIFY:** Person \_\_\_\_\_ Phone No. \_\_\_\_\_  
緊急事故通知： 人名 電話號碼

**Address:** \_\_\_\_\_  
地址 \_\_\_\_\_ Street 街道 \_\_\_\_\_  
\_\_\_\_\_ City 城市 \_\_\_\_\_ State 洲 \_\_\_\_\_ Zip 地區號 \_\_\_\_\_

**EDUCATION**

學歷

Institution	State	Attended From - To	Major/Minor	Degree	Date Received
學校名稱	洲	由何年至何年	主修科目	學位	畢業日期
1.					
2.					
3.					
4.					

**WORK EXPERIENCE**

工作經驗

Employer	Your Title	Job Duties	Hrs/Wk	Length of Employment
雇主	職稱	工作性質	工作小時	工作長短
1.				
2.				
3.				
4.				

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**PLEASE USE THIS CHECKLIST IN MAKING SURE ALL ITEMS ARE ENCLOSED IN YOUR APPLICATION.**

寄出前以下的申請文件必須齊全

- Application Form 申請表
  - Application Fee Payable to ACCHS - \$50.00 for US citizen and permanent resident, \$75.00 for part-time student, \$100.00 for foreign students  
請把支票付給： ACCHS，美國公民或永久居民 \$50.00，半職學生 \$75.00，外國學生 \$100.00
  - Transcripts - All transcripts must be official and send directly from the institutes to the Academy  
請把所有的正式成績單由學校直接寄到本大學
  - Updated Resume 個人簡歷
  - Statement of Purpose - Please write an essay stating why you want to study Chinese Medicine  
請寫一篇自述描述你要學習中醫的目的
  - Three Passport-sized Photographs  
四張護照規格的照片
  - Three Letters of Recommendation preferably from someone who practices Chinese Medicine  
三份介紹信
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*I understand that official transcripts of credit earned at other institutions and other documents which have been presented for admission or evaluation of credit become the property of the school and are not returned to the applicant.*

我了解用於申請學校的其他學校成績單是屬於學校的財產，不予退還申請人。

*I certify that the information recorded in this application and that transcripts and all other application submissions are true and correct. Otherwise I will be dismissed from the Academy.*

我宣誓前面所述皆為真實，否則將勒令退學。

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日期

姓名 ( 大寫 )

簽名

How did you hear about ACCHS? 您如何得知本校?

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