



# Academy of Chinese Culture and Health Sciences

## 學大藥醫化文國中洲美

### TUI NA MTCP 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 永久居民 外國學生

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

申請何種課程 (請各選一項)

Spring Admission 春季 \_\_\_\_\_ Chinese Program 中文班 \_\_\_\_\_ 500 hours

Summer Admission 夏季 \_\_\_\_\_ English Program 英文班 \_\_\_\_\_ 500 hours

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?

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

## WORK EXPERIENCE

工作經驗

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

## 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
- Copy of Driver's License or State ID
- Updated Resume 個人簡歷
- Two Passport-sized Photographs 兩張護照規格的照片
- Health Exam Results 體檢報告

*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。

Date	Printed Name	Signature
日期	姓名（大寫）	簽名

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

**Academy of Chinese Culture & Health Sciences**  
1600 Broadway, Oakland, CA 94612  
Tel: 510-763-7787 Fax: 510-834-8646  
acchs.edu