

學大藥醫化文中洲美

Academy of Chinese & Health Sciences

1600 Broadway, Oakland, CA 94612

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

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 永久公民 外國學生

Program & Entry Status (please check one)

申請何種課程 (請各選一項)

Level One Program 基礎班 _____ Spring Admission 春季 _____ Chinese Program 中文班 _____

Level Two Program 進修班 _____ 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?

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

畢業日期

State

洲

Attended From - To

由何年至何年

Major/Minor

主修科目

Degree

學位

Date Received

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
- Updated Resume 個人簡歷
- Two Passport-sized Photographs 兩張護照規格的照片

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

日期

Printed Name

姓名（大寫）

Signature

簽名

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