

美洲中國文化醫藥大學
ACADEMY OF CHINESE CULTURE AND HEALTH SCIENCES
1600 Broadway, Oakland 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 NCBAHM (DAcCHM / MAcCHM).

Please use the following name(s) for my diploma –

_____ English
_____ Chinese 。文憑上需加的中文姓名為： _____

I have fulfilled all of the CAMB / DAcCHM / DAcCHM (Bridge) / DAOM / MAcCHM (circle one) 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 (\$200)
- ☐ I do not plan to attend the graduation ceremony. 不打算參加畢業典禮 (\$200)

I have completed all required didactic courses of the CAMB / DAcCHM / DAcCHM (Bridge) / DAOM / MAcCHM (circle one) program, yet I still have approximately _____ 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 (\$200)
- ☐ I do not plan to attend the graduation ceremony. 不打算參加畢業典禮 (\$200)

My Financial Aid Exit Counseling date 貸款完成輔導日期: _____ (date)

Exit Counseling: If you are a Financial Aid student, you must complete the Exit Counseling process in order to officially graduate. Please visit www.studentaid.gov and complete the “Exit Counseling” process. Once you finish your Exit Counseling, confirmation will be sent to ACCHS electronically.

貸款完成輔導: 如果你是貸款學生，在正式畢業之前，請你必須參與貸款完成輔導。請參考 www.studentloans.gov 並做好“貸款完成輔導”的手續。一旦完成，確認信息將由電子方式發送給ACCHS。

Sincerely, _____ (Signature 學生簽字)

For Office Use Only

Approved/Denied to attend the ceremony: Administrator: _____

Graduation fee paid: _____

Cash: _____ Credit Card: _____ Check #: _____

Receipt #: _____ Served By: _____ Date: _____