



MINNESOTA COLLEGE OF
ACUPUNCTURE AND
ORIENTAL MEDICINE

On the Campus of
NORTHWESTERN HEALTH
SCIENCES UNIVERSITY

Office of Admissions
2501 West 84th St.
Minneapolis, MN 55431
(952) 885-5409
(800) 888-4777, ext. 409

Application For Admission

A complete application package must include:

- a. The \$50 application fee.
- b. The application form must be filled out completely.
- c. The two-page narrative specified on the back of this application.
- d. Any other written explanations called for by specific questions.
- e. A current resume

GENERAL INFORMATION

Date: _____

Term Entering: September _____ January _____
Year Year

Indicate the program for which you are applying:

- MASTER OF ORIENTAL MEDICINE
 MASTER OF ACUPUNCTURE

Social Security number or Social Insurance number (Canada) _____ Birthdate _____
Month / Day / Year

Applicant's Full Legal Name: (Mr.) _____ (Ms.) _____
Last First Middle

Previous Name(s) (if applicable) _____

Current Mailing Address: _____

Street _____
City _____ State _____ Zip _____
() ()
Telephone Day Evening

E-mail _____

Permanent Mailing Address: _____

Street _____
City _____ State _____ Zip _____
() ()
Telephone Day Evening

Contact in Case of Emergency: _____

Name _____
Street _____
City _____ State _____ Zip _____
()
Telephone Number _____

Office use only:

| | | | | | |
|----------------------|-----------|---------|-----|-----|----|
| Application received | Interview | TD paid | IMM | I20 | HH |
|----------------------|-----------|---------|-----|-----|----|

Are you a United States citizen? Yes ___ No ___ If no, specify:

1. Country of birth _____

2. Country of citizenship _____

3. If you are a permanent resident please include a front and back copy of your green card.

4. Please list the languages in which you are proficient: _____

5. Please rate your skill in each English language area; speaking, reading, writing. Place an "x" in the column that best describes your skill in each area.

| English Skill | Excellent | Very Good | Average |
|-----------------|-----------|-----------|---------|
| Speaking | | | |
| Reading | | | |
| Writing | | | |

Have you ever been charged and/or convicted of a felony? Yes ___ No ___

If yes, please explain: _____

Do you request special services or accommodations in connection with completing the application process?

Yes ___ No ___ If yes, please describe: _____

INTRODUCED TO MCAOM BY

If there is a specific individual who recommended you to The Minnesota College of Acupuncture and Oriental Medicine, please list their name and address below.

Name _____

Address _____

City, State, Zip _____

Do you know anyone else who might be interested in learning more about the Oriental medicine or acupuncture programs at MCAOM? If so, please list below.

Name

Name

Address

Address

City, State, Zip

City, State, Zip

(_____) _____
Telephone Number

(_____) _____
Telephone Number

REFERENCES

Please list below the names and addresses of two references whom you have known for at least six months. MCAOM will send reference forms to these people. References must be from persons who can attest to your professional and/or academic skills. They should preferably be, for example, instructors, employment supervisors, colleagues, or other health care professionals, not personal friends or family members.

1. _____
Name Occupation
_____ () _____
Business Address Business Phone

City State Zip

2. _____
Name Occupation
_____ () _____
Business Address Business Phone

City State Zip

EDUCATIONAL BACKGROUND

List any honors, awards or special recognition you have received:

Have you ever been denied admission or re-admission to any acupuncture, Oriental medicine, or other professional program?

Yes ___ No ___

If yes, please explain (specifying dates and schools): _____

Were you ever dismissed and/or denied re-admission to any college or school (including acupuncture or Oriental medicine) because of deficiencies in either conduct or scholarship?

Yes ___ No ___

If yes, please explain (specifying dates and colleges): _____

List any professional licenses or certificates you have received:

Have you ever had any professional licenses or certificates revoked?

Yes ___ No ___

If yes, please explain: _____

TRANSCRIPTS

Please have all colleges and universities attended send official transcripts directly to the Admissions Office of The Minnesota College of Acupuncture and Oriental Medicine. A high school transcript is *not* required. Transcripts sent with this application will be considered UNOFFICIAL. Under credits, please specify semester or quarter.

1. College: _____

Location: _____ Dates attended: _____

Degree Earned: _____ Credits: _____ Major: _____

2. College: _____

Location: _____ Dates attended: _____

Degree Earned: _____ Credits: _____ Major: _____

3. College: _____

Location: _____ Dates attended: _____

Degree Earned: _____ Credits: _____ Major: _____

4. College: _____

Location: _____ Dates attended: _____

Degree Earned: _____ Credits: _____ Major: _____

5. College: _____

Location: _____ Dates attended: _____

Degree Earned: _____ Credits: _____ Major: _____

Office use only: WES - Date _____ English - Date _____ Financial - Date _____

NARRATIVE

On a separate sheet write a two-page summary of your interests and goals, including:

- a. Why you are interested in acupuncture and Oriental medicine studies.
- b. How much background reading you have done about acupuncture and Oriental medicine? Have you have personal experience with acupuncture or Chinese herbs?
- c. Any previous involvement in health or human services.
- d. What pleased you and displeased you about previous occupations and fields of study.
- e. Why you feel you will be a good health care practitioner.
- f. How you will deal with the program's time demands and financial obligations and their impact on your work and personal life.

I certify that the information given on this application is true and complete.

I understand that false information will invalidate my application and make me subject to dismissal.

Signature _____

Date _____

(This university does not discriminate in admission practices on the basis of race, sex, sexual preference, color, religion, age, marital status, national or ethnic origin.)