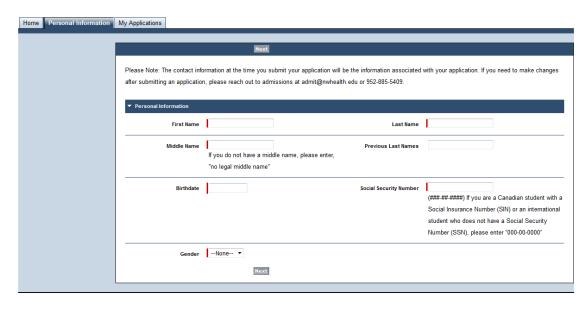
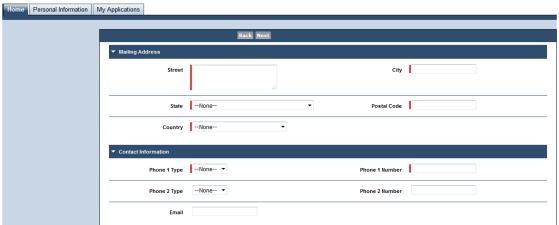
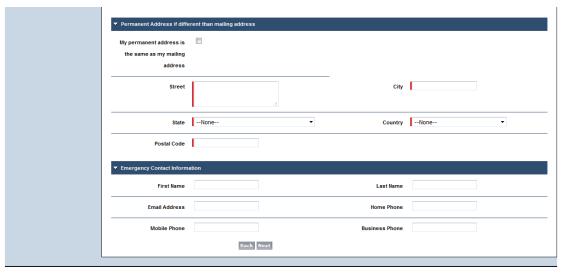


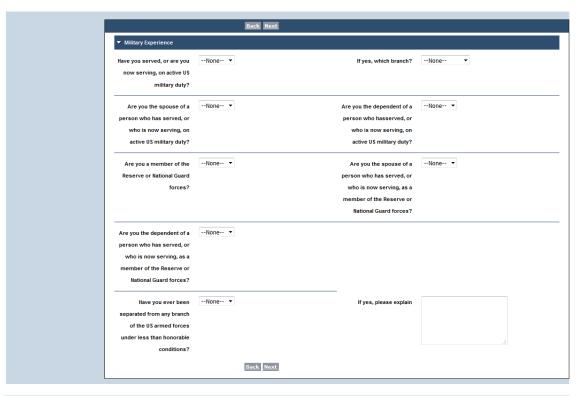
Acupuncture and Chinese Medicine



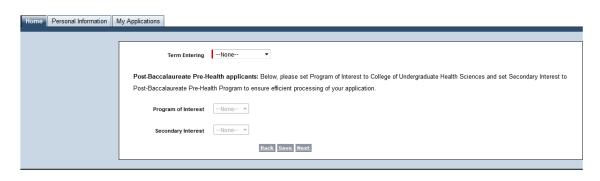


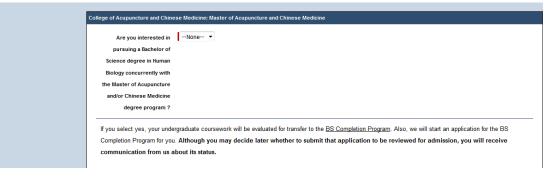


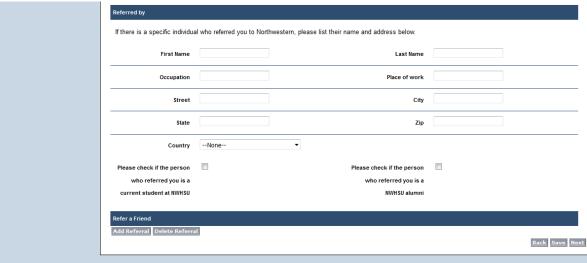
 $\underline{\text{Home}} \mid \underline{\text{Personal Information}} \mid \underline{\text{My Applications}}$

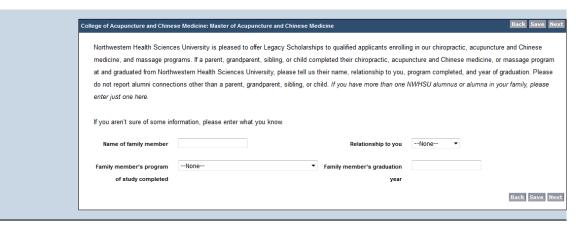






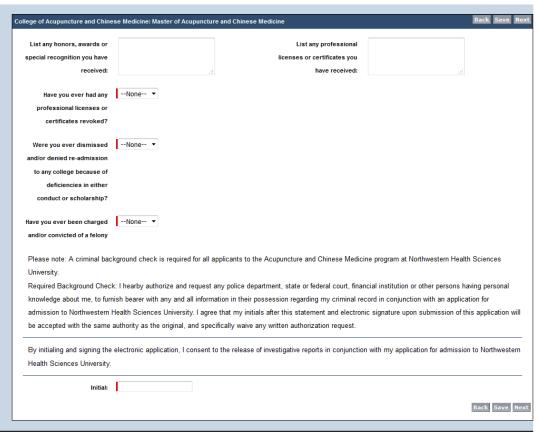


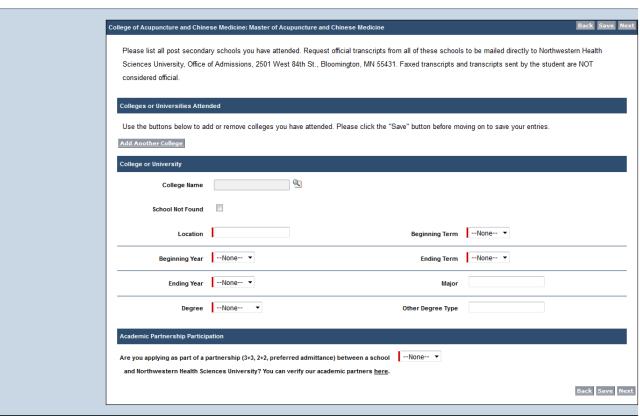


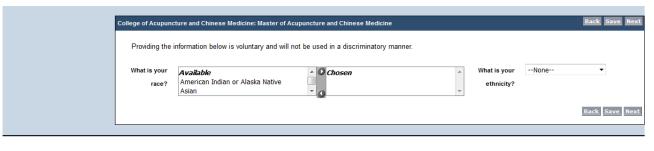


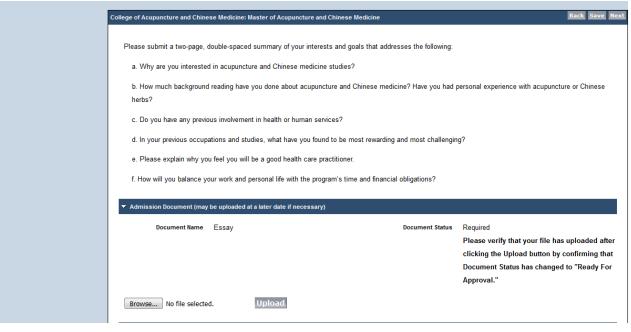
College of Acupuncture and Chinese Medicine: Master of Acupuncture and Chinese Medicine								
If you are applying as a transfer student from another acupuncture & Chinese medicine program, at least one of your two references entered below must be faculty from that institution.								
List two individuals, whom you have known for at least six months, who will provide a reference for you. References can be instructors, employment supervisors, healthcare professionals or colleagues, for example. References cannot be relatives. These individuals will receive a Character Reference Form from the Office of Admissions. Reference replies are confidential between sender and institution.								
▼ Reference 1								
Salutation		First Name						
Last Name		Occupation						
Relationship to you		Email						
Street		City						
State		Zip						
Country								
admitted and enrolls, to be a Educational Rights and Privacy Sciences University, to review see recommendations for ad	vailable as an aid in advisi	making our admission decision and, if the applicant is ng and counseling. Under the provisions of the Family you have the right, if you enroll at Northwestern Health he Act further provides that you may waive your right to r rights under the Act is not a required condition for low whether you wish to voluntarily waive this right by	None ▼					

▼ Reference 2					
Salutation		First Name			
Last Name		Occupation			
Relationship to you		Email			
Street		City			
State		Zip			
Country					
The purpose of this recommendation is to assist us in making our admission decision and, if the applicant is admitted and enrolls, to be available as an aid in advising and counseling. Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, you have the right, if you enroll at Northwestern Health Sciences University, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. A waiver of your rights under the Act is not a required condition for admission or receipt of financial aid. Please indicate below whether you wish to voluntarily waive this right by checking the appropriate box and signing your name.					
			Back Save N		

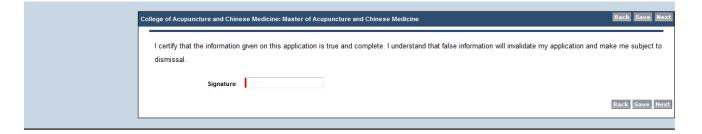












Please nav vour applicati	on fee. The amount is \$50.
	ation will be locked from further editing and reviewed by the Office of Admissions. Thank you for applying.
	П
I agree to pay the payment as described.	
Credit Card	None ▼
Credit card number:	
Credit card CVV code:	
Expiration Month:	none ▼
Expiration Year:	none ▼
Cardholder first name:	
Cardholder last name:	
Cardholder email:	
Transaction Status:	
	Authorize.Net
	Submit