



## APPLICATION

# DAOM

### DOCTOR OF ACUPUNCTURE AND ORIENTAL MEDICINE

#### Recent Photo

(within 6 months)

#### FOR OFFICE USE ONLY

Date: \_\_\_\_\_

Application Receipt #: \_\_\_\_\_

Evaluation Receipt #: \_\_\_\_\_

I-20 Issued on: \_\_\_\_\_

I.D. #: \_\_\_\_\_

#### ● MAIN CAMPUS

1126 N. Brookhurst St. Anaheim, CA 92801 Tel: 714-533-1495 Fax: 714-533-6040

#### ● LOS ANGELES CAMPUS

4055 Wilshire Blvd., Suite 500, Los Angeles, CA 90010 Tel: 213-738-0712 Fax: 213-480-1332

New  Re-enter  Transfer from another OM school

### PERSONAL DATA

NAME \_\_\_\_\_  Mr.  Ms.  
First Middle Last

SOCIAL SECURITY # \_\_\_\_\_ (OPTIONAL) COUNTRY OF CITIZENSHIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
Month Day Year City State or Country

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_ GENDER:  Male  Female  Self Identify \_\_\_\_\_

#### Residency status: (Please mark one)

Nonresident Alien  Residence  U.S. Citizen

#### Ethnicity: (Please mark one)

Black / African American  Asian  Hispanic  
 American Indian / Alaskan Native  Two or more races  White  
 Native Hawaiian / Pacific Islander  unknown

#### Emergency Contact:

NAME \_\_\_\_\_  Mr.  Ms.  
First Middle Last

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

### PROGRAM

#### Mark the term and year of admission:

WINTER 20\_\_\_\_  SPRING 20\_\_\_\_  SUMMER 20\_\_\_\_  FALL 20\_\_\_\_

#### Do you plan to apply for financial aid (student loan)?

YES  NO

#### Are you a Veteran?

YES  NO

#### Language Program Enrollment:

English  Korean



## APPLICATION

### EDUCATIONAL INFORMATION

Official transcripts from **ALL** colleges/universities must be sent directly to the Office of Admissions.

**LIST OF ALL COLLEGES/UNIVERSITIES IN ORDER OF ATTENDANCE** (Please use separate sheet, if necessary.)

NAME OF SCHOOL	LOCATION	YEAR	MAJOR	DEGREE

**Have you ever been convicted or pled guilty or no contest to a felony or a misdemeanor?**

(If yes, attach explanatory statement)

 Yes

 No

**Have you ever been convicted or pled guilty or no contest to a felony or a misdemeanor in a foreign country?** (If yes, attach explanatory statement)

 Yes

 No

**Have you ever been dismissed from any college, graduate school, or professional school?**

(If yes, attach explanatory statement)

 Yes

 No

\* Official transcript(s) must be mailed directly from your previous college(s). Transcripts with a broken seal will not be accepted. Official transcripts received at South Baylo University 90 days after matriculation date will not receive transfer credit.

\* Please submit two letters of recommendation with your application.

### Please tell us why you chose SBU.

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### How did you hear about us? (Please mark all applicable)

 Newspaper / Magazine (Please specify.) \_\_\_\_\_

 Referral (Name) \_\_\_\_\_

 Television / Radio (Station) \_\_\_\_\_

 Website \_\_\_\_\_

 Other (Please specify.) \_\_\_\_\_

 College Career and Transfer Day Events

I hereby certify that all the information provided in this application is true and correct to the best of my knowledge. I have listed all colleges/universities ever attended including professional schools. False information will invalidate my enrollment at SBU. If my application is accepted, I agree to pay the current quarterly tuition charges and fees. I also agree to abide by all rules and regulations of the University.

**Applicant's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**THE APPLICATION FEE IS NON-REFUNDABLE. ANY DOCUMENTS SUBMITTED WILL BE PROPERTY OF SBU ADMISSIONS OFFICE.**

South Baylo University School of Oriental Medicine does not discriminate against any individual on the basis of age, gender, race, color, religion, national and ethnic origin, marital status, sexual orientation, disability, medical condition, or veteran's status.