

The East West College of Natural Medicine (EWCNM) admits qualified students of any race, gender, sexual orientation, national or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. EWCNM does not discriminate on the basis of race, gender, sexual orientation or national or ethnic origin in the administration of its educational policies, admission policies or other school administered programs.

**Affix a Recent, Color
Passport Photo
Here**

Applying for: Year: 20 _____ **Term:** Fall Winter Summer

Type of Student: New Transfer International Re-Entry

Desired Enrollment Status: Full Time Part Time

Part I: Personal Information

| | | | | | |
|---|--|-------------|---|--------------|-------------|
| Last Name: | | First Name: | | Middle Name: | |
| Preferred Nickname: | | | Previous or Maiden Name: | | |
| Address: | | Apt: | City: | | State: ZIP: |
| Home Phone: | | Cell Phone: | | Email: | |
| Date of Birth: | | Age: | Social Security Number: | | |
| Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> US Permanent Resident <input type="checkbox"/> Other | | | Is English your Native Language? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If Other, Name of Country: | | | If No, provide Exam Scores: TOEFL: TSE: | | |
| If Other, Residency/VISA Status: | | | Date Language Exam was Taken: | | |
| Have you applied to EWCNM in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Race/Ethnicity (check one) For Statistical Purposes Only: | | |
| Have you ever been dismissed or suspended from any College, University or Acupuncture Program for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <input type="checkbox"/> Nonresident Alien <input type="checkbox"/> Race & Ethnicity Unknown | | |
| | | | <input type="checkbox"/> Hispanic of any Race | | |
| How did you hear about EWCNM? <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Student/Alumni <input type="checkbox"/> Mail/Flyer <input type="checkbox"/> Website, which one? _____ <input type="checkbox"/> Community Event, which one? _____ | | | For Non/Hispanics Only | | |
| | | | <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Two or more races <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White | | |
| Emergency Contact Name: | | | Relationship: | | |
| Street Address: | | Apt: | City : | | State: ZIP: |
| Daytime Phone: | | Cell Phone: | | Email: | |

Part II: Educational History

List ALL Colleges, Universities & Post Secondary Schools attended, beginning with the most recently attended. Official Transcripts must be mailed from each school directly to the EWCNM Admissions Department. All transcripts from schools outside of the U.S. must be sent directly to EWCNM from a licensed independent transcript evaluation company.

| Institutions Attended Name, City & State | Dates Attended | Major Field of Study | Degree Awarded | Credit Hours Earned | Grade Point Average |
|---|----------------|-------------------------|----------------|------------------------|------------------------|
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Part III: Career/Professional History

| Dates Employed | Name of Employer | Location (City/State) | Job Title | Nature of Work |
|----------------|------------------|-----------------------|-----------|----------------|
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Part IV: Financial and Legal Information

| | |
|---|---|
| Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever defaulted on a loan? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you currently have outstanding student loans? <input type="checkbox"/> Yes <input type="checkbox"/> No | Will you be applying for federal student loans? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, what type of crime? <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other |
| If you have been convicted of a crime, you must complete a detailed statement that includes all relative dates, jurisdictions, charges and any imposed sentences and probation information. The statement must be typed and attached to this application. | |

Part V: Personal Essay

Essays must be typed on a separate sheet of paper and attached to this application. The essay must be a minimum of 300 words and a maximum of 500 words. The essay must address the following:

1. Describe the personal and professional experiences that have led you to a career in Oriental Medicine.
2. What are your professional goals and how do you plan to achieve them?

Part VI: Letters of Recommendation

EWCNM requires two letters of recommendation from teachers or professionals that are willing to comment on your ability to engage in an advanced educational and professional program, as well as your potential as a health care practitioner. Recommendations will not be accepted from friends or relatives. Please provide each of your references with the EWCNM "Recommendation Form", and ask them to return the form directly to EWCNM. List below the two persons who will be providing EWCNM with your recommendations.

| Name | Professional Title & Institution | Phone Number |
|------|----------------------------------|--------------|
| | | |
| | | |

Part VII: Submission of Application

The following items must be attached to your application upon submission:

1. One recent Color Passport Photo
2. Personal Essay (see Part V for details)
3. Non-Refundable Application Fee (\$100. or \$150. for International, Transfer or Re-entry Students)

The following items must be requested by the applicant to be sent directly to East West College of Natural Medicine.

1. Official transcripts from each post-secondary school previously attended (see Part II for details)
2. Two letters of recommendation (see Part VI for details)

I understand that all materials filed in support of this application are not returnable and will become part of my permanent record at the East West College of Natural Medicine. Furthermore, I certify that all information given on this application is true and correct. If the information on this application changes between now and my matriculation into EWCNM, I will notify the Admissions Department. I authorize the East West College of Natural Medicine to investigate all statements on this application and to request a background/credit check if necessary.

Applicant Signature: _____ Date _____

All completed Applications must be signed, and returned to: Admissions Department
 East West College of Natural Medicine
 3808 N. Tamiami Trail
 Sarasota, FL 34234