

AMERICAN UNIVERSITY OF COMPLEMENTARY MEDICINE

APPLICATION FOR ADMISSION

1. Student's name _____
Last (Family) First Middle

2. Maiden/other name(s) that may appear on transcripts _____

3. Social Security number _____ - _____ - _____ 4. Birthdate (month/day/year) _____ / _____ / _____

5. Current mailing address _____

City (For foreign addresses, please include postal code) U.S. state 9-digit U.S. ZIP Country name

6. Telephone number _____ - _____ - _____

7. Sex. Please enter "F" for Female or "M" for Male. _____

8. Marital status. Please enter "s" for single or "M" for Married. _____

9. Emergency contact _____
Name Relationship Telephone Number

10. Current Profession/Occupation _____ Licenses _____

11. Permanent mailing address (if different from current) _____

City (For foreign addresses, please include postal code) U.S. state 9-digit U.S. ZIP Country name

12. Other telephone numbers _____ - _____ - _____ 13. Fax number _____ - _____ - _____

14. E-mail address _____

15. The program(s) in which you plan to enroll _____

16. Are you applying for student loans? _____ Yes _____ No

APPLICATION FEE PAYMENT

The \$75 application fee is non-refundable. You may pay by check or credit card. Please indicate the method of payment below.

By check or money order

Check # _____

Amount _____

Please make a check or money order in the amount of \$75 payable to "A.U.C.M."

By credit card

Check one _____ American Express _____ MasterCard _____ Visa

Your account number _____ Expiration date (month/year) _____

I hereby authorize the American University of Complementary Medicine to charge an application fee of \$75 to the credit card account shown above.

Signature _____ Date _____