



Vitality University
2497-2499 Industrial Pkwy West, Hayward,
CA 94545 / (650) 350-1863
www.vitalityuniversity.net

APPLICATION FOR ADMISSION

STUDENT ID: _____

I am applying for:

☐ Spring 20____ (Due Date: _____)

☐ Fall 20____ (Due Date: _____)

I am applying for admission to:

☐ Doctoral of Acupuncture with Chinese Herbal Medicine
Specialization (DAcCHM)

☐ Tutorial Program

I am:

☐ New Student

☐ Transfer Student from _____

Personal Data:

Passport style
recent photo

Name, as it should appear on your certificate (Last, First, Middle Initial)

Permanent Address – Street

City

State

Zip Code

Mailing Address (if different from above) – Street

City

State

Zip Code

Home Phone

Work Phone

Cell Phone

Email

Social Security Number

Date of Birth (MM/DD/YY)

Gender: ☐ Female ☐ Male **Ethnic:** ☐ American Indian, Alaskan Native ☐ Asian, Pacific Islander
☐ Hispanic ☐ Black, Non-Hispanic ☐ White, Non-Hispanic

Citizenship:

☐ United States (verify passport required)

☐ Other (country name) _____ Type of Visa: _____ Date Issued: _____

☐ US Permanent Resident Green Card Number: _____

TOEFL: ☐ Yes · No Score: _____ IELTS: ☐ Yes · No Score: _____

Please Attach a Front-and-Back Copy of Your Current Green Card or Visa

Education: (Attach additional pages as necessary)

Please list the name of all post-secondary institutions you have attended. In order to be granted transfer credits, you must submit an official transcript in a sealed envelope. Any documents from foreign countries must be evaluated by an evaluation agency.



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College / University		Degrees
Address		Dates Attended
Experience: (Please include a resume while providing an overview here)		
Present Occupation	From	To
Previous Occupation	From	To
<p>Do you have any work experience in the healthcare profession?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No if yes, please describe job(s) and training</p> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>		
<p>Describe your personal interests:</p> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>		
<p>Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please note: The California Acupuncture Board has specific policies regarding applicants who have criminal records. Anyone who has questions regarding these policies should contact the Acupuncture Board at 916-263-2680</p>		
Financial Data:		
Source of income for tuition payment?		
You have access to tuition for: <input type="checkbox"/> 1 semester <input type="checkbox"/> 1-year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years		
If your tuition is derived from sources other than your own savings or employment, please complete the following:		
Person(s) or Agency paying tuition	Relationship	
Address – Street	Phone	
City	State	Zip Code
In Case of Emergency, Notify		
Name	Relationship	
Address – Street	Phone	
City	State	Zip Code



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I hereby certify that all of the information provided in my application is accurate and true, and that I am the author of the attached Statement of Purpose.

Applicant's signature

Date



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Application Checklist: (with this application, please send)

- Completed application form
- A Typewritten one-page Statement of Purpose. Your Statement of Purpose should include your background, your interest in Traditional Chinese Medicine and your plans after graduation.
- non-refundable application fee
- Two recent photographs (2" passport photo)
- copy of passport and ID card
- Resume

Also Include (required for DAcCHM program):

- Two letters of reference
- Transcripts from the college(s)/university(ies) you have attended which may apply to your degree or may be transferable towards the DAcCHM program

Documents are required before the internship

- Finished Health Certificate
- CPR Certificate (First Aid Training)
- CNT Certificate (Clean Needle Technique)

Please send to: **Vitality University Registration Office**
2499 Industrial PKWY West, Hayward, CA 94545
or e-mail to: office.vitalityuniversity@gmail.com

Procedure Note:

1. Receive application and those required documents as above
2. Review and evaluate by registrar (about 1-week process)
3. Send out acceptance letter