



# Florida College of Integrative Medicine

## Application for Admission

### Contact Information

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Other Names Used (Maiden) \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Applying for Year 20 \_\_\_\_

Domestic Student       Spring Semester

International Student       Fall Semester

Transfer Student       Day Class       Night/Eve Class

Date of Birth (MM/DD/YY) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

### Emergency Contact Information

Emergency Contact Name \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Day Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Citizenship Information

Place of Birth (City/State, Country) \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Visa Type (Permanent Resident and Non-U.S. Citizens) \_\_\_\_\_

- I will apply for a Student Visa (F-1)  
 I will apply for an Exchange Visitor Visa (J-1)  
 I will require an I-20 from FCIM

Visa Number \_\_\_\_\_

### Academic Information

Please indicate all institutions you attended that will be sending an official transcript to the Florida College on Integrative Medicine (Institution Code 032383). Institutions sending official transcripts must be accredited by an agency recognized by the U.S. Secretary of Education. (Foreign transcripts require a "course-by-course" evaluation from an agency approved for evaluating foreign educational credentials)

College or University	Location	Degree Earned	Dates Attended	Credits Earned	GAP

## Personal Information

Do you have any special needs that we should be aware of? If so, please describe: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor other than a traffic violation? If so, please describe: \_\_\_\_\_

Have you ever had a professional credential or license revoked or suspended? If so, please describe: \_\_\_\_\_

Do you plan to apply for Financial Aid?  Yes  No

How did you find out about the Florida College of Integrative Medicine? \_\_\_\_\_

Which individual was instrumental in helping make your decision to attend FCIM? \_\_\_\_\_

## Admission Requirements

The minimum admission requirements for acceptance are a high school diploma, at least 18 years of age, and 60 semester hours of credit from an accredited college or university. The college credit must include at least 30 credits of general education of liberal arts courses represented by coursework in the four areas of humanities, social sciences, English/communications, and science. Your application file will become complete when all of the Required Admissions Documents have been submitted. When complete, your file will be submitted for final review by the Admissions Committee. Upon their approval, you will be notified by mail with a letter of acceptance at which time you will be eligible to enroll, subject to the terms of the College's Enrollment Agreement. (International students will be issued an I-20 for immigrations processing with the letter of acceptance.)

## Required Admissions Documents

**All Students must include with this completed form the following:**

- A one-time, non-refundable application fee of \$100 for Domestic, Transfer and International Students
- A \$100 Transcript Assessment fee for Transfer and International Students
- A \$100 International I-20 documentation fee for International Students
- A resumé presenting your educational and professional credentials
- An autobiographical essay 1-2 pages in length (double spaced) stating your reason for wanting to study Oriental Medicine
- Official Transcripts from educational institutions accredited by an agency recognized by the U.S. Secretary of Education reflecting a total of at least 60 semester credits with 30 credits in the area of general education
- 2 Letters of Recommendation from any non-family member attesting to ability to pursue an academic program
- A Physician's Statement of General Health from a licensed Medical Doctor, Chiropractic Doctor, Acupuncture Physician, or Naturopathic Physician attesting to your overall mental and physical health
- Admissions Interview to be scheduled by the Prospective Student with the Director of Admissions
- Hepatitis B form, TB test results and proof of citizenship

**International students (only) must also submit the following:**

- Foreign Transcript Evaluation performed by an agency approved for evaluating foreign credentials
- Proof of English language proficiency (diploma/degree verification or TOEFL/TSE results)
- 2 current passport size photos
- A notarized affidavit of support from a parent or other sponsor that demonstrates ability and willingness to pay tuition and living/travel expenses totaling \$35,000 per year.
- Proof of current health insurance coverage (required soon after enrollment)

## All applicants must sign below:

I certify that all information provided in this application and in supporting documents provided in connection herewith is correct and complete and satisfies the requirements of this application. I understand that I may be required to furnish documented proof of information given. Furthermore, I understand that if any documents provided are shown to be fraudulent, I may be subject to legal actions. I agree that though I may be academically qualified, acceptance to the Florida College of Integrative Medicine is based upon the discretion of the Admissions Committee, and that admission does not create any promise or guarantee of future licensure or employment.

\_\_\_\_\_  
Name(printed)

\_\_\_\_\_  
Name(signed)

\_\_\_\_\_  
Date