PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE APPLICATION

*To apply for admissions online, go to the prospective student section at www.scuhs.edu

Please use this checklist to collect your application components. Forward this application form, typed or printed in black ink, and the materials to the appropriate address listed above. Applicants should apply approximately one year prior to their anticipated entry date, and only completed application files will be reviewed. Applicants are required to participate in a final interview prior to matriculation. Applicants will be notified in writing of the decision on admission to Southern California University of Health Sciences. A $250 non-refundable deposit for each program is required upon acceptance to the University.

☐ Completed application form

☐ $50 non-refundable application fee
   Make check or money order payable to: Southern California University of Health Sciences

☐ Statement of Motivation
   All essays must be typed with correct spelling and grammar, one-page single spaced or two-page double spaced (minimum), and include the following areas:
   • A personal history and indication of why you are pursuing the selected degree program
   • Your understanding of the field
   • A summary of your academic background and strengths and how they have prepared you for the acupuncture and oriental medicine or chiropractic degree.

☐ Two letters of recommendation (One letter required for the Ayurvedic & Massage Therapy Programs)
   One must be from a chiropractor, acupuncture/oriental medicine practitioner, or other healthcare professional.

☐ Official high school transcripts or GED transcript
   Request that your official high school transcript or equivalent be sent directly to the Office of Admissions. An official certification of the California High School Proficiency Examination will also satisfy this requirement.

☐ Official college transcripts
   Request from each college or university you have attended to have transcripts sent directly to the Office of Admissions.
International Student Requirements

- Proof of English proficiency by completing the Test of English as a Foreign Language (TOEFL) with a passing score of 500 (paper-based), 61 (Internet-based), or 173 (computer-based). Applicants to the Master of Acupuncture and Oriental Medicine or Dual Degree Programs must also submit an official copy of the Test of Spoken English (TSE) or the TOEFL iBT. A minimum TSE score is required equal to or higher than the mean score for that particular exam.

- Evaluation of all international/foreign transcripts accompanied by notarized English translations and course by course equivalency information through the World Education Service.

- Evidence of financial resources to complete a minimum of one year of education.

- Submit proof of valid and unexpired health insurance.

- Submit a copy of your valid passport including name, date of birth, passport number, expiration date, photo, and signature.

Master of Acupuncture and Oriental Medicine
and Doctor of Chiropractic Admission Requirements

The prerequisites for admission to the degree programs are listed on the web site at www.scuhs.edu, the college catalog and in other admissions materials. It is your responsibility to read and meet the admissions requirements for the appropriate program(s).

Doctor of Chiropractic Physical Requirements

If you are applying to the Doctor of Chiropractic degree program, you must possess the following physical qualifications for admission and throughout the Doctor of Chiropractic degree program: (1) The physical strength and bodily coordination to stand alone and to use all limbs in the performance of the common chiropractic manipulative techniques, especially the chiropractic adjustment; (2) The manual dexterity and tactile perceptiveness to perform safely and effectively in the College laboratories, and in the diagnosis and treatment of human ailments; (3) An auditory sense and speaking ability sufficient to conduct health history interviews and clinical examinations. Physically disabled students who do not meet the above three criteria will be reviewed/evaluated by a body of clinical faculty for admission eligibility.

Statement of Nondiscrimination

In compliance with federal, state and local government requirements, Southern California University of Health Sciences does not discriminate against any individual on the basis of age, sex, race, color, religion, national and ethnic origin, marital status, sexual orientation, disability, medical condition (as determined under California employment laws), or status as a Vietnam-era veteran or qualified disabled veteran in the administration of its educational programs, school-administered programs, publication or in its employment practices.
**APPLICATION FOR ADMISSION**

- **LEGAL NAME:**
  - LAST
  - MIDDLE
  - FIRST

- **PREFERRED NAME (IF DIFFERENT FROM LEGAL NAME):**

- **OTHER NAMES USED (IF APPLICABLE):**

- **BIRTH DATE (MONTH/DAY/YEAR):**

- **SOCIAL SECURITY NUMBER:**

- **PERMANENT ADDRESS:**
  - STREET
  - CITY
  - STATE
  - ZIP/POSTAL CODE
  - COUNTRY

- **CURRENT ADDRESS (IF DIFFERENT THAN ABOVE):**
  - STREET
  - CITY
  - STATE
  - ZIP/POSTAL CODE
  - COUNTRY

- **HOME TELEPHONE:**

- **MOBILE TELEPHONE:**

- **E-MAIL ADDRESS:**

- **IM SCREEN NAME:**

- **PLACE OF BIRTH:**
  - CITY
  - STATE
  - COUNTRY

- **IN CASE OF EMERGENCY CONTACT:**
  - NAME
  - TELEPHONE

- **HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY?**
  - YES
  - NO

- **ARE YOU A UNITED STATES CITIZEN?**
  - YES
  - NO

- **IS ENGLISH YOUR FIRST LANGUAGE?**
  - YES
  - NO

- **NON U.S. CITIZENS COMPLETE THE FOLLOWING:**

  - **WHAT IS YOUR CURRENT IMMIGRATION STATUS?**
    - F-1 STUDENT
    - PERMANENT RESIDENT
  - **OTHER (PLEASE SPECIFY):**

- **PLAN OF STUDY**

  - **PLEASE SPECIFY THE YEAR AND TERM IN WHICH YOU WANT TO ENROLL:**
    - YEAR
    - FALL
    - SPRING
    - SUMMER

  - **MASTER OF ACUPUNCTURE AND ORIENTAL MEDICINE**
  - **DOCTOR OF CHIROPRACTIC**
  - **MASTER OF ACUPUNCTURE AND ORIENTAL MEDICINE & DOCTOR OF CHIROPRACTIC (DUAL PROGRAM)**
  - **MASSAGE THERAPY PROGRAM**
  - **AYURVEDIC WELLNESS EDUCATOR**
  - **AYURVEDIC PRACTITIONER**
  - **I INTEND TO TRANSFER CREDITS FROM ANOTHER INSTITUTION.**

- **DEMOGRAPHIC INFORMATION**

  - **THE FOLLOWING INFORMATION IS REQUESTED TO COMPLY WITH FEDERAL GUIDELINES. THE PROVISION OF THIS INFORMATION IS OPTIONAL AND WILL NOT BE USED IN DETERMINING ADMISSION OR FINANCIAL ASSISTANCE.**

  - **ETHNIC BACKGROUND:**
    - AMERICAN INDIAN/ALASKAN INDIAN
    - HISPANIC
    - ASIAN/PACIFIC ISLANDER
    - BLACK, NON-HISPANIC
    - WHITE, NON-HISPANIC
    - NON-RESIDENT ALIEN
    - OTHER

  - **MARITAL STATUS:**
    - SINGLE
    - MARRIED
    - SEPARATED
    - DIVORCED
    - WIDOWED

  - **ARE YOU A VETERAN OF THE ARMED FORCES?**
    - YES
    - NO

  - **SEX:**
    - MALE
    - FEMALE
APPLICATION INFORMATION

HIGH SCHOOL LAST ATTENDED:  
NAME  
CITY  
STATE  
GRADUATION DATE:  
MONTH/YEAR

IF YOU ARE NOT A HIGH SCHOOL GRADUATE, WHEN DID YOU COMPLETE YOUR GED? (MONTH/YEAR GED WAS TAKEN):

LIST IN CHRONOLOGICAL ORDER ALL POST-SECONDARY INSTITUTIONS YOU HAVE ATTENDED REGARDLESS OF LENGTH OF ATTENDANCE AND EVEN IF NO WORK WAS COMPLETED. INCLUDE PREVIOUS ATTENDANCE AT THIS INSTITUTION AND ANY CORRESPONDENCE OR EXTENSION COURSES TAKEN. ATTACH AN ADDITIONAL SHEET OF PAPER, IF NEEDED. OFFICIAL HIGH SCHOOL OR GED AND ALL COLLEGE OR UNIVERSITY TRANSCRIPTS MUST BE SENT TO THE OFFICE OF ADMISSIONS. FAILURE TO LIST ALL COLLEGES OR UNIVERSITIES IN WHICH YOU HAVE BEEN ENROLLED, REGARDLESS OF STATUS, MAY DISQUALIFY YOUR APPLICATION.

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ARE YOU A RELATIVE OF A SOUTHERN CALIFORNIA UNIVERSITY OF HEALTH SCIENCES GRADUATE?  
☐ YES  ☐ NO

IF YES, WHOM (NAME AND RELATION TO YOU)?

HAVE YOU EVER BEEN DISMISSED OR SUSPENDED FROM ANY COLLEGE?  
☐ YES  ☐ NO

IF YES, PLEASE EXPLAIN WHEN AND WHY:

HAVE YOU PREVIOUSLY APPLIED FOR ADMISSION TO SOUTHERN CALIFORNIA UNIVERSITY OF HEALTH SCIENCES?  
☐ YES  ☐ NO

IF YES, WHEN?

HAVE YOU BEEN PREVIOUSLY ENROLLED AT SOUTHERN CALIFORNIA UNIVERSITY OF HEALTH SCIENCES?  
☐ YES  ☐ NO

IF YES, WHEN?

HAVE YOU EVER SHADOWED A CHIROPRACTOR OR ACUPUNCTURIST?  
☐ YES  ☐ NO

IF YES, WHEN?

HAVE YOU EVER BEEN TREATED BY A CHIROPRACTOR OR ACUPUNCTURIST?  
☐ YES  ☐ NO

IF YES, WHEN?

OPTIONAL INFORMATION

WILL YOU BE REQUESTING FINANCIAL ASSISTANCE FROM SOUTHERN CALIFORNIA UNIVERSITY OF HEALTH SCIENCES?  
☐ YES  ☐ NO

ARE YOU INTERESTED IN LEARNING MORE ABOUT OUR SCHOLARSHIP OPPORTUNITIES?  
☐ YES  ☐ NO

HOW WERE YOU FIRST INTRODUCED TO SOUTHERN CALIFORNIA UNIVERSITY OF HEALTH SCIENCES?

☐ SCU ALUMNUS  ☐ COLLEGE/CAREER FAIR  ☐ SCU STUDENT  ☐ SCU FACULTY/STAFF  ☐ TEACHER/ADVISOR/COUNSELOR
☐ ADVERTISING  ☐ WEBSITE/INTERNET  ☐ FACEBOOK  ☐ NATURAL HEALERS  ☐ OTHER

PLEASE STATE REFERRING INDIVIDUAL(S) NAME, ADDRESS AND PHONE NUMBER (IF KNOWN)

THE STATEMENTS I HAVE MADE ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACTS REQUESTED ON THIS APPLICATION IS CAUSE FOR DISQUALIFICATION OF THE APPLICATION PROCESS OR FOR DISMISSAL FROM THE UNIVERSITY. IF ADMITTED, I AGREE TO CONFORM TO ALL RULES AND REGULATIONS OF SOUTHERN CALIFORNIA UNIVERSITY OF HEALTH SCIENCES.

SIGNATURE  DATE