



*Canadian Education Centre of
Beijing University of Chinese Medicine*

北京中医药大学加拿大教育中心

125, 4935 - 40th Ave N.W. Calgary, Alberta Canada T3A 2N1

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Recently
Taken
Photo

Master of Science in Chinese Medicine

Application for Admission 硕士研究生报名表

Enrollment term: **Fall 2009**

MAJOR AREA OF STUDY

Acupuncture

TCM Internal Medicine

Integrated Chinese and Western Medicine

Student ID Number (if known): _____

PLEASE PRINT... ..

PERSONAL DATA

First Name: _____ Last Name: _____ Middle Initial: _____

Birth Date: _____ Gender: Male Female
MM / DD / YYYY

Home Phone: _____ Phone-Other(s): _____ E-mail: _____

Citizenship _____ If not Canadian, are you a: Landed Immigrant Visa Student

If you are currently

A Student

Major: _____

Name and Address of the Institution: _____

Employed

Occupation: _____

Name and Address of the Employer: _____

Address for correspondence

Street Address: _____

City: _____

Province/States: _____

Country: _____

Postal/Zip Code: _____

Permanent Address (if different)

Street Address: _____

City: _____

Province/States: _____

Country: _____

Postal/Zip Code: _____

Advanced Education				
Degree or Diploma Possess	Major Area	Name of Institution	Date of attendance (MM/YY)	
			From	To
<input type="checkbox"/> Diploma				
<input type="checkbox"/> Bachelor's Degree				
<input type="checkbox"/> Master's Degree				

OTHER ACADEMIC EXPERIENCE AND WORK EXPERIENCE

Dates of Attendance	Name of Institution	Subject(s) Studied or Degree Title
Dates of Attendance	Name of Organization	Job Title and Brief Description of Duties

ADDITIONAL INFORMATION

Have you ever been convicted of any crime?

Yes No (If yes, please enclose detailed descriptions.)

Have you ever been diagnosed with any contagious diseases in the past 2 years?

Yes No (If yes, please enclose detailed descriptions.)

Has your application to ACATCM ever been denied?

Yes No (If yes, please enclose detailed descriptions.)

Emergency Contact: _____ Relationship: _____

Phone Number: _____ Email if Available: _____

Please check the submissions have been accompanied with this application:

- A letter of intent
- Transcripts from all post secondary institutions attended
- Copies of Certificates, diplomas, and/or degrees awarded
- Two recent passport-sized photos (including the attached one on this form)
- Two referral letters from non-family members
- Application fee
- Others _____

Note: International applicants should also include a copy of the TOEFL or other English Equivalency test result.

A \$100.00 non-refundable application fee in Canadian funds must be included with this form. Please choose the form of payment enclosed:

- Certified Cheque Money Order Bank Draft

ALL FEES ARE **PAYABLE TO ACATCM** IN CANADIAN FUNDS. PLEASE DO NOT SEND CASH.

DECLARATION

I certify that all statements on this application form and attached documents are true and complete in all respects, and no relevant information has been withheld, I agree to abide by the rules and regulation of this institute. I understand that "fees are established pursuant to regulatory authority and as such are subject to review and change as required."

DATE

SIGNATURE OF APPLICANT

For Admission Office at Beijing University of Chinese Medicine

北京中医药大学招生办专用

Date received: _____

By: _____

Date Reviewed: _____

By: _____

Date accepted: _____

Student ID No.: _____

Date denied: _____

By: _____

Commentaries: _____

Date Reviewed by Dean

Signature of Dean