

# Wongu University of Oriental Medicine

8620 and 8215 S. Eastern Avenue Las Vegas, NV 89123

Tel: (702) 463-2122

Fax: (702) 946-5050

Email: start@wongu.org

## APPLICATION FOR ADMISSION Masters of Science of Oriental Medicine Degree

Wongu does not discriminate on the basis of race, color, age, gender, religion, sexual orientation, marital status, national or ethnic origin, or mental or physical limitation in any of its practices, and admits all students to all rights, privileges, programs, and activities generally accorded or made available to students at the school.

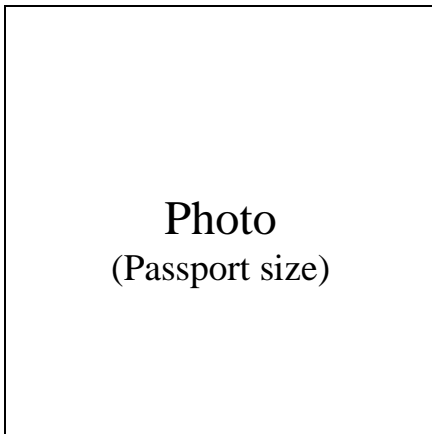
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### GENERAL INFORMATION

Applying for Entry in:  Fall  Winter  Spring  Summer Year: \_\_\_\_\_

Please mark all that apply:  New Student  Transfer Student  International Student

### PERSONAL INFORMATION



Applicant Name:

\_\_\_\_\_  
Last (Family) First Middle

Other names that appear on previous school records:

\_\_\_\_\_  
Last (Family) First Middle

Permanent Address

\_\_\_\_\_  
Street City State Zip

Mailing Address (if different from Permanent Address)

\_\_\_\_\_  
Street City State Zip

Telephone: Day: ( ) - Evening: ( ) -

Cell: ( ) -

E-Mail: \_\_\_\_\_ Gender:  Male  Female



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Briefly describe any experience or training in acupuncture, herbology, Qi Gong, massage, or martial arts.

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## EMPLOYMENT HISTORY

Please list your most recent business, professional, or military experiences.

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Title or Position	Company	Dates
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Title or Position	Company	Dates
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Please list names and addresses of two people whom you are asking to send letters of recommendation.

1. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

## ADDITIONAL INFORMATION

Racial or Ethnic Background (statistical purposes only):  White Non-Hispanic  Hispanic

African American  Asian or Pacific Islander  Other: \_\_\_\_\_  Choose not to indicate

Have you ever been charged with or convicted of a felony crime?  Yes\*  No

Have you ever been suspended from a college or university because of an academic violation?  Yes\*  No

\*If you answered yes to either question above, please explain on a separate piece of paper and include it with your application.

How did you hear about Wongu? \_\_\_\_\_

## **PERSONAL STATEMENT**

Describe the path that led you to choose Oriental Medicine as a profession. Include your philosophy and goal as a healthcare professional (500 words minimum).

I certify that the information provided on this application is accurate and complete. I am aware that any falsification in the completion of this application form, either by error or omission, may result in my being denied acceptance by Wongu or may result in disciplinary action. If I am accepted as a student, I agree to abide by all rules of Wongu.

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Signature of Applicant

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Printed Name

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Date

Mail the Admission Application and other required documents to:  
Wongu Admission's Office  
8215 S. Eastern Ave. Ste. 103  
Las Vegas, NV 89123

Application checklist: (Office Use Only)

See catalog for admissions procedure. With this application, please send:

- Completed and signed application form
- \$100 non-refundable application fee
- One passport style photo (taken within the last 6 months)
- Official, sealed transcripts from the college(s) you have attended sent directly to Wongu
- Students who were not educated in the United States must have their educational credentials evaluated by an international educational service, such as World Education Services, and have these sent to Wongu's admissions office
- Two letters of recommendation sent directly from the individual to Wongu
- Personal Statement (500 words minimum)
- Resume
- Hepatitis B Vaccination or Waiver Form
- TOEFL (for international students from a non-English-speaking country)
- Admissions Interview with an admissions officer
- Other: \_\_\_\_\_

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Admissions Officer Name & Signature

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Date