



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 _____

Emergency Contact Name _____

Relationship _____

Date: ___/___/___ Applying for Year 20___

Domestic Student Spring Semester
 International Student Fall Semester
 Transfer Student

Date of Birth (MM/DD/YY) _____ Social Security Number _____

Home Phone _____ Business Phone _____

Mobile Phone _____ Fax _____

Email Address _____

Mobile Phone _____ Day Phone _____

Evening Phone _____ Email Address _____

Citizenship Information

Place of Birth (City/State, Country) _____

Country of Citizenship _____

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

Visa Number _____

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

Academic Information

To verify minimum requirements are met, please indicate all institutions you attended that will be sending an official transcript to the Florida College of Integrative Medicine (Institution Code 032383). (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 | GPA |
|-----------------------|----------|---------------|----------------|----------------|-----|
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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? _____

Other Application Requirements

Your application file will become complete when all of the following 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. (International students will be issued an I-20 for immigration processing with the letter of acceptance.)

Step 1 Include with this completed form the following:

- A one-time, non-refundable application fee (\$75 Domestic Student, \$100 Transfer Student, \$100 International Student)
- 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

Step 2 Domestic students must then submit the following:

- 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 15 credits in the area of general education

Step 3 Domestic/International students must then also submit the following:

- 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

Step 4 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 \$25,000 per year.
- Proof of current health insurance coverage (required at enrollment)

All applicants must sign below:

I certify that all information provided in this application is, to the best of my knowledge, correct and complete. I understand that I may be required to furnish documented proof of information given. In addition, 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.

Name(printed)

Name(signed)

Date