



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 (\$100 Domestic Student, \$150 Transfer Student, \$200 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
- 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
- 2 current passport size photos
- Expense Acknowledgement form

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)
- 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, or Financial Statement showing liquid assets of at least \$35,000
- 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. 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, and that admission does not create any promise or guarantee of future licensure or employment.

Name(printed)

Name(signed)

Date