

**Doctoral Degree
Acupuncture and
Oriental Medicine
Application for Admission**



7750 Montpelier Road
Laurel, MD 20723
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410-888-9048 ext. 6647
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For MUIH students currently enrolled in the Master of Acupuncture or Master of Oriental Medicine program.

Doctor of Acupuncture January 2015

Doctor of Oriental Medicine January 2015

Personal Information (Please type or print legibly in ink)

Full Legal Name (last) _____ (first) _____ (middle) _____

Permanent Address _____

City _____ State _____ Zip _____

County (if in MD) _____

Mailing Address Check if same as Permanent Address

Street _____

City _____ State _____ Zip _____

Social Security Number _____ Home Phone (____) _____

Birthdate (mm/dd/yyyy) _____ Cell Phone (____) _____

Gender (check one) Female Male Prefer not to say Office Phone (____) _____

Nickname _____ Email Address _____

Other name(s) you have used in school(s) you have attended: _____

When did you first apply to to Maryland University of Integrative Health?

Year: _____ and Program: _____

Emergency Contact:

Name _____

Address _____

Daytime phone (____) _____ Relationship _____

Email Address _____

Ethnic origin (optional; for statistical purposes only)

- American Indian/Alaskan Native Asian Black/African American Hispanic/Latino
- Native Hawaiian or other Pacific Islander White Other Prefer not to say

Have you ever been convicted of a criminal act? _____ If so, please explain on a separate sheet.

Admission Requirements

Currently enrolled student in MUIH's Master of Acupuncture or Master of Oriental Medicine program in good academic standing.

Application Signature

I certify that the information I have provided is complete and accurate. I authorize Maryland University of Integrative Health to make reasonable inquiry as to the accuracy of information provided in this form. I understand that Maryland University of Integrative Health reserves the right to request additional information. I realize that the falsification of any information may be grounds for denial or dismissal.

Applicant's Signature _____ Date _____

Application Fee

I am enclosing a check or money order, made payable to Maryland University of Integrative Health.

I authorize Maryland University of Integrative Health to charge to my credit card below:

U.S. \$25 Application Fee (transfer fee for current MUIH students)

Visa MasterCard

Account number _____ CCV code _____

Expiration date (month/year) _____

Signature and date _____

Name on card (please print legibly) _____