



**Tai Sophia
Institute**

**Post Master's
Graduate Certificate
Application for Admission**

7750 Montpelier Road, Laurel, MD 20723
www.tai.edu 800-735-2968

Women's Holistic Health Program October 2011

Personal Information (Please type or print legibly in ink)

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

Home Address _____

City _____ Home Phone (_____) _____

State _____ Zip _____ Cell Phone (_____) _____

County (if in MD) _____ Office Phone (_____) _____

Social Security Number _____ E-mail Address _____

Birthdate (mm/dd/yyyy) _____ Gender (check one) female male

Nickname _____

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

Emergency contact: Name _____

Address _____

Daytime phone (_____) _____ Relationship _____

Ethnic origin (optional; for statistical purposes only)

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other |

Tai Sophia Institute Use Only

Date Rec'd	App. Fee	Eligibility Letter	Database	Enroll Packet	Misc.

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

How were you referred to Tai Sophia Institute? (choose all applicable & explain)

Person: graduate student staff/faculty family/friend please provide name(s) _____

Advertisement: Naturalhealers.com www.tai.edu Acupuncture Today

Organization: Event (ex. workshop, fair) Other

Citizenship

Are you a United States Citizen? Yes No

Non-U.S. citizens only:

Country of citizenship _____ City and country of birth _____

What is your first language? _____ What type of U.S. visa do you currently hold? _____

Are you a permanent U.S. resident? _____ Alien # _____

What type of immigration status do you plan to hold while at Tai Sophia? _____

Admissions Requirements

Admissions Eligibility Status

Please check your status from one of the following categories and, where requested, submit required supporting documentation.

- Graduate of Tai Sophia Institute's Master of Acupuncture program.

Class (mo. / yr.) _____ *Graduation Date (mo. / yr.)* _____

- Graduate of an acupuncture or Oriental medicine program that is accredited by or in candidacy with the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM).

Name of school _____ *Graduation date* _____

Required supporting documentation: Official transcript from named ACAOM accredited/candidate institution

Application Signature

I certify that the information I have provided is complete and accurate. I authorize Tai Sophia Institute to make reasonable inquiry as to the accuracy of information provided in this form. I understand that Tai Sophia Institute 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 Tai Sophia Institute.
- I authorize Tai Sophia Institute to charge an application fee of \$50 to the credit card below:

- Visa MasterCard

Account number _____ CCV code _____

Expiration date (month/year) _____

Signature and date _____

Name on card (please print legibly) _____