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# Application for Admissions

## Non-Matriculation Application

### Wongu University of Oriental Medicine

Thank you for your interest in the Master's in Oriental Medicine at Wongu University. In pursuing this fast-growing field of complementary and alternative medicine, you will be participating with a diverse group of students from around the world and the U.S. who are discovering a wide variety of healing skills that focus on physical, mental, and emotional well-being at Wongu University.

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.

The application is the beginning step to further your academic pursuits in the healthcare field. We encourage you to visit the campus, meet the faculty and student body and discuss more on fulfilling your medical and academic goals through the Wongu program.

# 1. PROGRAM INFORMATION

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

Please mark all that apply:  Non-Matriculated Student

# 2. 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: Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Gender:  Male  Female

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

Citizenship Status:  U.S. Citizen  Permanent Resident (Alien Registration #: \_\_\_\_\_

Other: \_\_\_\_\_ If Non-U.S. Citizen, country of citizenship: \_\_\_\_\_

Marital Status (statistical purposes only)

Single  Married  Domestic partner  Widowed  Divorced  No Reply

In case of emergency: \_\_\_\_\_  
Name of Contact Relationship Phone Number

### 3. ACADEMIC HISTORY

Name of High School Graduated: \_\_\_\_\_ Year Graduated \_\_\_\_\_

Colleges or University Attended (Please list in chronological order)

**1** Name of Institution \_\_\_\_\_  
Address \_\_\_\_\_  
Dates Attended \_\_\_\_\_ Degree \_\_\_\_\_

**2** Name of Institution \_\_\_\_\_  
Address \_\_\_\_\_  
Dates Attended \_\_\_\_\_ Degree \_\_\_\_\_

**3** Name of Institution \_\_\_\_\_  
Address \_\_\_\_\_  
Dates Attended \_\_\_\_\_ Degree \_\_\_\_\_

**4** Name of Institution \_\_\_\_\_  
Address \_\_\_\_\_  
Dates Attended \_\_\_\_\_ Degree \_\_\_\_\_

Please list any awards, honors, scholarships, or prizes awarded to you for academic achievement.  
\_\_\_\_\_

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

### 4. EMPLOYMENT AND VOLUNTEER SERVICE

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

\_\_\_\_\_  
Title or Position Company Dates

\_\_\_\_\_  
Title or Position Company Dates

## 5. 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? \_\_\_\_\_

## 6. PERSONAL STATEMENT

Please type your statement on 8.5"X11" paper, double spaced, and submit with the application form. If emailed, please send in PDF format. Write 500-750 words on each of the following topics:

- a. Describe the path that led you to choose Oriental Medicine as a profession. Include your philosophy and goal as a healthcare professional.
- b. Why do you consider Wongu University to be a good fit for you?
- c. Describe how your academic or employment background will contribute to the Wongu program.

## 7. REFERENCE/RECOMMENDATION (OPTIONAL)

Email, fax or mail two letters of reference to the Admissions office. Wongu University appreciates a recommendation about your personal and professional qualifications for graduate study in this medical field. Please use the guidelines on the following page to submit your recommendations.

## 8. FINAL CHECKLIST

An application is complete when ALL the documents listed have been received by the Admissions Office.

Please use the Checklist on the following page for your personal use to keep track of submitting all the necessary documents.

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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## FINAL CHECKLIST

Please use this Checklist for your personal use to keep track of submitting all the necessary documents to the Admissions Office.

- Completed and signed application form
- \$100 non-refundable application fee
- Include copy of driver's license or passport
- Official, sealed transcripts from the college(s) previously attended sent to and received by Wongu University.
- 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 sent to Wongu University.
- Personal Statement
- Resume
- Hepatitis B Vaccination or Waiver Form
- Proof of English Proficiency (for international students from a non-English-speaking country)
- Admissions Interview with an admissions officer
- Two Optional letters of recommendation sent directly from the individual to Wongu University that includes:
  - Reference Name
  - Name of Academic Institution/Agency/Business
  - Address
  - Email
  - Phone Number
  - Signature

**An application is complete when ALL the documents listed have been received by the Admissions Office.**

Send all documents to:  
**Wongu University Admission's Office**  
**8620 S. Eastern Ave., Las Vegas, NV 89123**  
**Email: [start@wongu.edu](mailto:start@wongu.edu)**  
**Fax: (702) 946-5050**