



NEW YORK CHIROPRACTIC COLLEGE

2360 Route 89, Seneca Falls, New York 13148-0800
(800) 234-6922 or (315) 568-3040 ■ (315) 568-3087 FAX
e-mail: enrolnow@nycc.edu web: www.nycc.edu

APPLICATION FOR ADMISSION Acupuncture and Oriental Medicine Program at NYCC

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION

1. Complete this Application for Admission (type or print legibly in ink) and submit it in a timely manner, preferably by May 1 of the year in which you wish to enroll.
2. Submit a brief personal statement with your application. This letter should provide you with the opportunity to give the Admission Committee a better idea of who you are as a person. Tell us about yourself, your motivations for pursuing a career in acupuncture and Oriental medicine, something special about your personal history, or anything that would allow us to get to know you better and which is not included on the application form.
3. Submit a non-refundable application fee of \$60.00 US.
4. **Be sure to complete every item on the application form.** (You are not required, however, to answer those items identified as voluntary, but are requested to do so. They are not used to evaluate your candidacy for admission.) If you need assistance, contact us at 1-800-234-6922.
5. Request OFFICIAL transcripts of all postsecondary course work attempted or completed from all colleges or universities you have attended. Official transcripts must be sent from college/university registrars to New York Chiropractic College.
6. If you are currently enrolled in courses intended to satisfy admissions requirements – or have registered to take courses in the future – submit evidence of registration. Arrange for official transcripts to be sent to NYCC upon completion of these courses.
7. Submit three letters of recommendation, preferably one from a licensed acupuncturist or other healthcare practitioner, one from an academic instructor, and one from an individual of your choice (no recommendations from relatives will be accepted). Letters of recommendation need not accompany the application.
8. Mail completed application and fee to: Admissions Office
New York Chiropractic College
2360 Route 89
Seneca Falls, NY 13148-0800

STUDENT INFORMATION

Program Applying For Master of Science in Acupuncture
 Master of Science in Acupuncture & Oriental Medicine

Intended Starting Date September of _____ (fill in year)

Applicant's Full Name Mr. Ms.

LAST FIRST MIDDLE

SOCIAL SECURITY/SOCIAL INSURANCE NUMBER E-MAIL ADDRESS

List other names under which we can expect to receive information: _____

Current Address USE AS MAILING ADDRESS

STREET

CITY STATE ZIP

() ()
CURRENT DAYTIME TELEPHONE CURRENT EVENING TELEPHONE

Permanent Address (if different from current) USE AS MAILING ADDRESS

STREET

CITY STATE ZIP

() ()
PERMANENT DAYTIME TELEPHONE PERMANENT EVENING TELEPHONE

Country of Birth Are you a United States citizen? Yes No If no, specify:

Country of Citizenship _____ Type of Visa _____

- If you are a permanent resident, please include a front and back copy of your green card.

PLACE & DATE OF ENTRY ALIEN REGISTRATION NUMBER

What is your native language: English Other _____

Applicants whose native language is not English must demonstrate English language proficiency at a level appropriate to graduate study; contact Admissions Office for information.

Have you ever been convicted of, pled guilty to, or forfeited bail for any criminal conduct under law or ordinance, excluding only minor traffic violations?

Yes No If yes, please fully explain circumstances on a separate sheet of paper.

Answers to the questions below are solicited voluntarily and will not be used in evaluating candidates for admission. We appreciate your cooperation in providing this information.

Date of Birth ____/____/____ **Gender** Male Female

Marital Status Single Married Widowed Divorced

Number of dependents _____

Ethnic Origin (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native
 Asian Black or African American
 Native Hawaiian or other Pacific Islander White

Is there any disability in your general health (including speech and hearing) that might interfere with your studies or classroom attendance?

Yes No (If yes, please explain on a separate sheet of paper)

Housing Plans On campus Off campus With parents or relatives

EDUCATIONAL HISTORY

List, in chronological order, **ALL colleges or universities attended.** Begin with the most recent institution attended. Request each institution to forward an official transcript directly to NYCC. Failure to list all colleges attended is grounds for rejection, or if enrolled, dismissal retroactive to the date of admission.

INSTITUTION	MAJOR	LOCATION (CITY & STATE)	DATES OF ATTENDANCE		DEGREE EARNED
			FROM	TO	

HIGH SCHOOL EXPERIENCE:

HIGH SCHOOL ATTENDED OR GED CERTIFICATE NUMBER	HIGH SCHOOL ADDRESS	DATE OF GRADUATION
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Please list all college awards and honors you received _____

Have you ever been dismissed from a college, graduate or professional school for any reason? Yes No If yes, please explain: _____

Do you plan to request consideration of transfer credit from another Acupuncture/Oriental Medicine college or other graduate or professional school? Yes No
 If prerequisite course work is in progress or planned, please indicate below.

COURSE	INSTITUTION	LOCATION	ANTICIPATED COMPLETION DATE

REFERENCES

You are required to submit three letters of recommendation, preferably one from a licensed acupuncturist or other healthcare practitioner, one from an academic instructor, and one from an individual of your choice (no recommendations from relatives will be accepted). Please list below the names and complete addresses of the three references you intend to use:

1 _____ ()
 NAME PHONE

 ADDRESS (P.O. BOX/STREET) CITY STATE ZIP

2 _____ ()
 NAME PHONE

 ADDRESS (P.O. BOX/STREET) CITY STATE ZIP

3 _____ ()
 NAME PHONE

 ADDRESS (P.O. BOX/STREET) CITY STATE ZIP

EMPLOYMENT HISTORY

List your employment history starting with your present or most recent job experience. Include any volunteer activities.

1

EMPLOYER	HOURS WORKED PER WEEK
	/ / / /
JOB TITLE	DATES EMPLOYED: FROM TO
WORK PERFORMED	

3

EMPLOYER	HOURS WORKED PER WEEK
	/ / / /
JOB TITLE	DATES EMPLOYED: FROM TO
WORK PERFORMED	

2

EMPLOYER	HOURS WORKED PER WEEK
	/ / / /
JOB TITLE	DATES EMPLOYED: FROM TO
WORK PERFORMED	

4

EMPLOYER	HOURS WORKED PER WEEK
	/ / / /
JOB TITLE	DATES EMPLOYED: FROM TO
WORK PERFORMED	

PERSONAL PROFILE

Are you or have you ever been an acupuncture patient? Yes No
 If yes, for how long? _____ years
 Are you a veteran? Yes No If yes, list branch of service and dates:

What state(s), country do you plan to practice in? _____

Person(s) to be notified in case of accident or illness:

()

NAME	PHONE
ADDRESS	CITY STATE ZIP

A number of factors influence a student's decision to apply to a college. We are interested in what influence the following factors had on your decision to apply to NYCC. Please circle the appropriate number for each factor. If you did not consider a particular factor, please check the NA (not applicable) column to the right of the scale.

	VERY POSITIVE	SOMEWHAT POSITIVE	NO INFLUENCE	SOMEWHAT NEGATIVE	VERY NEGATIVE	NA
1. Acupuncturist	1	2	3	4	5	<input type="checkbox"/>
2. NYCC Alumni	1	2	3	4	5	<input type="checkbox"/>
3. Location and Setting	1	2	3	4	5	<input type="checkbox"/>
4. Friends/Relatives	1	2	3	4	5	<input type="checkbox"/>
5. Distance from my Home	1	2	3	4	5	<input type="checkbox"/>
6. Reputation of NYCC's Academic Programs	1	2	3	4	5	<input type="checkbox"/>
7. Wide Range of Extracurricular Activities	1	2	3	4	5	<input type="checkbox"/>
8. Campus Residence Halls	1	2	3	4	5	<input type="checkbox"/>
9. Size of Student Body	1	2	3	4	5	<input type="checkbox"/>
10. Size of the Classes	1	2	3	4	5	<input type="checkbox"/>
11. Academic Reputation	1	2	3	4	5	<input type="checkbox"/>
12. Cost	1	2	3	4	5	<input type="checkbox"/>
13. Campus Visits	1	2	3	4	5	<input type="checkbox"/>
14. Interaction with Admission Representative	1	2	3	4	5	<input type="checkbox"/>
15. Current NYCC Students	1	2	3	4	5	<input type="checkbox"/>
16. College Comparison Guides (e.g., Barron's, Peterson's)	1	2	3	4	5	<input type="checkbox"/>
17. Newspaper, Radio, and Advertising	1	2	3	4	5	<input type="checkbox"/>
18. Competitive/Selective Admissions	1	2	3	4	5	<input type="checkbox"/>
19. Other	1	2	3	4	5	<input type="checkbox"/>

PERSONAL PROFILE CONTINUED

How did you first hear of New York Chiropractic College?

- Advertisement
- Admissions Representative
- College Guidance Counselor
- Poster Display
- Doctor of Chiropractic
- Graduate School Guide
- NYCC Faculty Member
- NYCC Alumni Yes No
- NYCC Student
- Other _____
- Internet
- Licensed Acupuncturist

Have you visited the campus of New York Chiropractic College?

- Yes No

Have you or do you intend to visit the campuses of other Acupuncture/Oriental Medicine colleges?

- Yes No

If yes, please indicate which colleges you have either visited or intend to visit:

Have you or do you intend to apply to the AOM programs of other Acupuncture/Oriental Medicine colleges?

- Yes No

If yes, please indicate which colleges you have either applied to or intend to apply to:

Please feel free to submit any additional information you feel may be helpful to us in considering your Application for Admission to NYCC.

New York Chiropractic College admits students of any race, color, sex, religion, age, national and ethnic origin or disability to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, sex, religion, age, national and ethnic origin, or disability, all as defined by law, in the administration of its educational policies, admission policies, scholarship and loan programs, athletic and other school-administered programs including employment and other personnel actions within the College, and the use of its facilities.

CERTIFICATION

I hereby make application to New York Chiropractic College and agree to abide by its regulations. I understand that the Application Fee covers the cost of processing an application and that the fee is not refundable for any reason. NYCC reserves the right, without notice, to modify the requirements for admission or graduation; to change the arrangements or content of courses, the instructional materials used, the tuition and other fees, to alter any regulations affecting the student body; to refuse admission or readmission to any student at any time, or to dismiss any student at any time, should it be in the interest of the College or the student to do so. In consideration of the undertaking by the Admissions Office to process this form, the undersigned agrees that the information furnished on the Application for Admission, together with all information and materials of any kind received by the College from any source, or prepared by anyone at its request, "shall become part of the applicant's educational records, if accepted as a student, and will be dealt with as to confidentiality and/or disclosure to or inspection by the student or third parties, in accordance with the provisions of the statute of laws of the United States entitled 'Family Education and Privacy Act of 1974' (FERPA) informally known as the 'Buckley Amendment.'"

I certify that the information in this application is complete and accurate. If accepted, I agree to abide by all rules and regulations in effect during my enrollment. I understand that submission of fraudulent documents, misrepresentation, or deliberate omission of any relevant information in the application process shall be cause for rejection of the candidate, or, if enrolled, revocation of admission retroactive to the date of admission.

YOUR SIGNATURE

DATE