



GOLDEN STATE UNIVERSITY

School of Asian Medicine

Please affix a passport-sized photo here.

APPLICATION FOR ADMISSION

A \$50.00 application fee must accompany this application

SECTION I: PERSONAL INFORMATION

1. Last Name First Name Middle Name

2. Date of Birth (mm / dd / yy) Social Security (if applicable)

SECTION II: RESIDENCY

3. Phone Home Mobile Email Address

4. Home Address
Street Address / Unit #
City/State/Zip/Country

5. Mailing Address (Check here if same as residence)
Street Address / Unit #
City/State/Zip/Country

SECTION III: EDUCATION

6. College/University Degree / Cert. / Units Area of Study Year(s)

SECTION IV: CERTIFICATION

I hereby affirm that the information provided by me in this application is true and correct, and that there are no omissions or misstatements in my application. I consent to Golden State University (the "University") taking one or more of the following actions upon discovery, at any time, of any such omission or misstatement of mine in this application: (1) Voiding of my admission & registration to the University; (2) Voiding of credit(s) for course work completed at the University; and (3) Distribution of information relating to such omissions and/or misstatements to other academic institutions, governmental agencies, and other third parties.

I understand that, if admitted to GSU, I must abide by the rules and regulations of the University. I acknowledge that compliance with the CA Code of Regulations Title 16, Article 3.5 §1399.436 is my own and sole responsibility. It is my responsibility that if I desire to practice in jurisdictions other than California to consult the rules and regulations governing admission to practice in those jurisdictions.

I have received and read a copy of the GSU Catalog, bulletin listing, schedules of fees, and course description.

Name (Printed) Signature Date



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ETHNIC SURVEY

The following information is to be furnished by each applicant as part of the application process as **optional**. GSU is gathering this data to assist in the continuing evaluation of the admissions process. This information will be treated in a confidential manner and will be used only for research purposes.

1. What is your gender? **Female** () **Male**()

2. Which one of the following racial or ethnic groups' **best** describes you? **Mark only one.**
 - Black** - (Excludes persons of Hispanic origin)

 - Hispanic** - (Mexican, Puerto Rican, Cuban, Central or South American & Spanish - but not Portuguese)

 - Asian** - (Includes Chinese, Japanese, Korean and the peoples of Malaysia and Southeast Asia)

 - American Indian or Alaskan Native** - (Descended from any of the original peoples of North America)

 - Filipino / Pacific Islander** - (Melanesian, Micronesian, Polynesian)

 - White** - (Includes persons having origins in any of the original peoples of Europe, Russia, North Africa and the Middle East - and generally corresponds to those persons not classified into one of the 7 specific minority categories)

 - Origins in Indian sub-continent** - (Pakistan, Indian, Bengal, etc.)