

Application for Admission to the Bachelor Completion Program in Holistic Nursing (BS)

New York Campus

Pacific College of Oriental Medicine
 915 Broadway, 2nd Floor, New York, NY 10010
 (212) 982-3456, (800) 729-3468

All application information is confidential. All application materials, once submitted, are the property of Pacific College of Oriental Medicine and cannot be returned to the applicant. Please print throughout and use additional pages, if necessary.

1. Applying for Program:

Bachelor of Science (Completion Program in Holistic Nursing) (New York)

Beginning: Year _____ Term Fall Winter Spring

2. Personal Information:

Social Security Number - -

Name _____

Other Names Used Last First Middle

Present Address _____

City (NY residents) County State Zip

Home Phone () Business Phone ()

Email Address Fax, if available ()

Permanent Address _____

City State Zip

Home Phone () Business Phone ()

Date of Birth / / Age Country of Birth

Male Female T-shirt Size: _____

3. If you are **not** a U.S. citizen, what is your country of citizenship? _____

Do you have or will you apply for a student (F-1 or M-1) Visa? Yes No

If yes, please fill in the following information:

a) The I-20 should be sent to (check one): Permanent address Present address

b) My financial sponsor is (include name and relationship) _____

c) Will you be bringing your spouse and/or children? Yes No

If yes, please write the first and last name, date of birth, country of birth and relationship of each dependent on a separate sheet of paper.

d) Were you enrolled in another U.S. college/school within 5 months of enrollment at Pacific College? Yes No

Please Note: The College is in the process of approval for I-20. No I-20's will be issued until approvals are final.

4. Have you applied previously to Pacific College? Yes No If yes, what year? _____

5. Prior education: Please chronologically list your high school and all colleges and universities attended:

	Name of Institution	From	To	Major	Degree/Diploma or # of Units*	GPA
High School						
College						

(Attach additional sheet if necessary)

* Please indicate whether quarter units, trimester units, or semester units

6. Personal statement:

The nature and demands of the holistic health profession require personal attributes and motivation which complement intellectual abilities. To enable us to evaluate these qualities, please address the following topics.

1. Describe what you think makes you a good candidate to become a holistic health-oriented nurse.
2. Discuss experiences you have had and how these experiences and your values could make a contribution to your own and your patients' healthcare.
3. As this education is also a process of self exploration, identify some ways you hope to develop personally on your journey to becoming a facilitator of healing and how you envision that process.

7. In case of emergency, notify:

Name _____ Phone: () _____

Address _____

City _____ State _____ Zip _____

8. Personal limitations:

Please describe any physical or other limitations which may require special planning. _____

9. Plans to finance education:

Are you able to completely finance your own education (tuition, fees, living expenses, transportation, etc.)? Yes No
* FA approval pending

10. Employment and volunteer service: Please list all paid employment (full and part-time) and/or voluntary service for at least the last three years, beginning with your most recent position:

From Month/Year	To Month/Year	Total Months	Hours per wk	Position	Organization	City & State

11. References: Email, fax, or mail letters of reference directly to the college. (Not required for Massage Therapy, Public Ed and Non-matriculated applicants.)

12. Racial/Ethnicity status (optional):

Race (Check Only One):

- White Black/African American American Indian/Alaska Native
 Asian Native Hawaiian/Other Pacific Islander 2 or more races

Ethnicity (Check Only One):

- Hispanic or Latino
 Not Hispanic or Latino

13. Other information: Have you ever been convicted of a felony or a first degree misdemeanor? Yes No

I hereby make Application for Admission to Pacific College of Oriental Medicine, and certify that all information given on this application is true. I authorize Pacific College to investigate all statements on my application and to request a consumer credit report.

Date _____ Signature of Applicant _____

Application Check List:

An application is complete when ALL of the following have been received or completed:

- A completed Application Form
- An application fee (\$100) (non-refundable)
- A personal statement (typed essay), for programs it is required
- Official transcripts from all colleges attended, mailed directly to Pacific from your previous college, e-transcripts accepted
- Proof of Immunization (N.Y. only)
- An academic evaluation (required for International schools only)
- Copy of RN License
- An Affidavit of Financial Resources and other supportive documentation (I-20 applicants only)
- One passport-sized photograph
- Letters of reference.
- Admissions interview
- Advanced Transfer Assessment Fee (\$100) - for students who attended another school for at least 1 year. Refunded 3rd week of matriculation, otherwise non-refundable.