



APPLICATION INSTRUCTIONS & DOCUMENTATION

Veterinarians and current veterinary students who have completed a minimum of 10 credit hours at a college of veterinary medicine, are eligible to apply to the MS-TCVM. Applicants to the MS-TCVM program must provide the following documents:

1. Official transcripts of your earned Doctor of Veterinary Medicine (DVM) or equivalent, or official transcripts of your earned bachelor's degree and a copy of your current veterinary school identification; Veterinary students must also submit their veterinary school official transcripts as proof of enrollment;
2. One letter of recommendation from a former professor, peer, or employer;
3. Copy of your driver's license (or passport);
4. The completed application form;
5. \$70 required application fee and \$50 program registration fee (\$120 total).

INTERNATIONAL APPLICANTS

In addition to the above, prospective students whose native language is not English and have not earned a degree from an appropriately accredited institution where English is the principle language of instruction must demonstrate English proficiency by submitting one of the following:

- A minimum total score of 60 on the paper-delivered Test of English as a Foreign Language (TOEFL PBT), or 71 on the Internet Based Test (iBT); 6.5 on the International English Language Test (IELTS); 50 on the Pearson Test of English Academic Score Report; 100 on the Duolingo English Test; or 55 on the 4-skill Michigan English Test (MET), or 650/LP on the Michigan Examination for the Certificate of Competency in English (ECCE), or 650/LP on the Michigan Examination for the Certificate of Proficiency in English (ECPE). OR;
- International English Language Test (IELTS), minimum score: 6.5 OR;
- Pearson Test of English Academic Score Report, minimum score 50.

In addition, if your university can not provide official transcripts in English, you must have your transcripts evaluated and/or translated by a NACES recognized third party organization. Please see NACES.org for a complete list of approved organizations.

1. International applicants may be exempt* from the above if:
2. the applicant has earned a bachelor's degree or higher from an institution in an English-speaking country, or
3. if the applicant is a citizen of an English-speaking country.

*Please contact the student administration office to verify qualifications for exemption

All required admission documentation, as listed above, can be sent to:

Graduate Admissions Department
Chi University
9650 W HWY 318
Reddick, FL 32686

All applications are reviewed without regard to race, gender, age, religious affiliation, nationality, sexual orientation, or veterans' status.



1. ENROLLMENT INFORMATION

SEMESTER YOU PLAN TO START / ENROLL

☐ Spring ☐ Summer ☐ Fall

YEAR:

CHECK ALL THAT APPLY:

☐ I am a new student who has not taken any previous courses at Chi University☐ I am a returning student who has previously taken CE or MS courses at Chi University☐ I am a transfer student who has not previously attended any courses at Chi University; I have completed at least one transferrable graduate credit from an accredited school

RETURNING STUDENTS

CHI ID

LAST YEAR YOU WERE ENROLLED AS A MASTER'S STUDENT

☐ I have not attended another institution since that time☐ I have attended another institution since that time.

NAME OF INSTITUTION:

2. STUDENT INFORMATION

LEGAL NAME: FIRST

MIDDLE

LAST

STREET ADDRESS

CITY

STATE / PROVINCE

ZIP

COUNTRY

PRIMARY PHONE NUMBER

PERSONAL EMAIL

DATE OF BIRTH (MM/DD/YYYY)

COUNTRY OF BIRTH

SOCIAL SECURITY NUMBER

CITIZENSHIP:

☐ U.S.☐ Immigrant / Permanent Resident☐ International

COUNTRY OF CITIZENSHIP:

GENDER

☐ Male ☐ Female

MARITAL STATUS

☐ Single ☐ Married

3. BUSINESS INFORMATION

BUSINESS NAME

PRACTICE:

☐ SMALL ANIMAL☐ EQUINE☐ MIXED PRACTICE

STREET ADDRESS

CITY

STATE / PROVINCE

ZIP

COUNTRY

BUSINESS PHONE

BUSINESS FAX

BUSINESS EMAIL

BUSINESS WEBSITE

VET FINDER LISTING

☐ Yes, please add my clinic to Chi University's TCVM Vet Finder directory.



4. ETHNICITY / RACE

To comply with federal statistical reporting requirements, Chi University must seek to identify the racial and ethnic background of all applicants. You are encouraged to supply this information; however, your application will be given the same consideration whether or not you do so. This information will not be used in a discriminatory manner.

Select one or more of the following racial categories to describe yourself:

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

5. EMERGENCY CONTACT INFORMATION

NAME: FIRST

MIDDLE

LAST

STREET ADDRESS

CITY

STATE / PROVINCE

ZIP

COUNTRY

PRIMARY PHONE NUMBER

PERSONAL EMAIL

RELATIONSHIP: ☐ Mother ☐ Father ☐ Spouse ☐ Other:

6. EDUCATIONAL INFORMATION

List all colleges and / or universities you have attended or are attending:

NAME OF SCHOOL	LOCATION	DATES ATTENDED		NAME & TITLE OF DEGREE RECEIVED (OR WILL BE RECEIVING)
		FROM	TO	

7. QUESTIONNAIRE

1. Please select the box below which best describes your ability to be successful in an online learning environment:

- ☐ I have earned credit or CE units by attending online training in the past.
☐ I attended an online course / seminar and benefited from training.
☐ I have never taken an online course / seminar.

2. Do you have any prior Traditional Chinese Veterinary Medicine knowledge?

- ☐ Yes ☐ No



7. QUESTIONNAIRE (cont'd)

2b. Explain

3. How did you hear about our school / program:

☐ Mailer

☐ Internet

☐ Email

☐ Social Media

☐ Conference

☐ Other _____

8. ALL APPLICANTS MUST CAREFULLY READ AND SIGN THE FOLLOWING SECTION:

By submitting your application, you certify that to the best of your knowledge, the information submitted on this application is accurate and complete. You understand that if found to be otherwise, it is sufficient cause for refusal, rescission, or dismissal. Any person knowingly making a false or misleading statement will be denied enrollment and will not be considered for any future enrollment opportunities at Chi University.

In addition, you must notify the Graduate Student Administration Office if any information provided in this application changes after submission. You also acknowledge that Chi University, at its sole discretion, may verify any information submitted with your application. You also consent to the release of your undergraduate and/or veterinary school transcript or any other material relevant to an admission decision to Chi University

If admitted, you agree to observe all the rules and regulations of Chi University. You understand you will be responsible for payment of all amounts owed (including, but not limited to tuition, fees, and fines). You agree to make payments promptly and that all payments will be applied to charges in the order determined by the University and you also agree to pay reasonable collection and/or attorney fees necessary to collect any outstanding balance on your account(s).

I understand that by submitting this application I certify all information provided herein is accurate and true to the best of my knowledge and I agree to the terms and conditions listed above.

SIGNATURE

DATE