



**Tai Sophia
Institute**

7750 Montpelier Road, Laurel, MD 20723
www.tai.edu 800-735-2968

Application for Admission

Please check program of interest and desired start date:

- Master of Acupuncture**, degree program starting September 2009 January 2010 (please check one)

- Master of Science in Herbal Medicine**, degree program starting September 2009

- Master of Arts in Applied Healing Arts**, degree program starting January 2010 Creative Leadership program starting January 2010

Personal Information (Please type or print legibly in ink)

Full Legal Name (last) _____ (first) _____ (middle) _____

Home Address _____

City _____ Home Phone (_____) _____

State _____ Zip _____ Cell Phone (_____) _____

County (if in MD) _____ Office Phone (_____) _____

Social Security Number _____ E-mail Address _____

Birthdate (mm/dd/yyyy) _____ Gender (check one) female male

Nickname _____

Other name(s) you have used in school(s) you have attended _____

Have you previously applied to Tai Sophia Institute? Yes No If Yes, Year: _____ Program: _____

Emergency contact: Name _____

Address _____

Daytime phone (_____) _____ Relationship _____

Ethnic origin (optional; for statistical purposes only)

- American Indian/Alaskan Native Asian/Pacific Islander
- Black/African American Hispanic
- White/Caucasian Other

Tai Sophia Institute Use Only

| Date Rec'd | App Fee | Essay | Interview | App. Letter | Database | Comm Decision | Enroll Packet | Misc. |
|------------|---------|-------|-----------|-------------|----------|---------------|---------------|-------|
| | | | | | | | | |

Have you ever been convicted of a criminal act? _____ If so, please explain on a separate sheet.

How were you referred to Tai Sophia Institute? (choose all applicable & explain)

- Person: graduate student staff/faculty family/friend please provide name(s) _____
- Advertisement _____
- Organization _____
- Event (ex. workshop, fair) _____
- Naturalhealers.com
- www.tai.edu
- Other _____

Citizenship

Are you a United States Citizen? Yes No

Non-U.S. citizens only:

Country of citizenship _____ City and country of birth _____

What is your first language? _____ What type of U.S. visa do you currently hold? _____

Are you a permanent U.S. resident? _____ Alien # _____

What type of immigration status do you plan to hold while at Tai Sophia? _____

Are you planning on requesting an I-20 Form for an F-1 student visa? _____

Should you be admitted academically, you will be requested to complete the international student application I-20 Form and submit appropriate documentation to be considered for an F-1 visa.

Professional History

Please attach a current resume.

Current Occupation

Check one box that best represents your field of work, and fill in your job title.

- Business Law
- Education Science
- Government/Military Student
- Healthcare Other

Job Title (please describe): _____

Educational History

Please list in chronological order all institutions of higher education you have attended, indicating dates of attendance, degree earned, major or concentration, and date of earned or expected degrees.

| Degree | Institution | Dates of Attendance | | Major/ Concentration | Date Degree Conferred |
|--------|-------------|---------------------|----|----------------------|-----------------------|
| | | From | To | | |
| | | | | | |
| | | | | | |
| | | | | | |

Application Essay

On a separate sheet of paper please answer the following questions. Feel free to write anything additional, personal or professional, that you think would be helpful in our consideration of your application. Please do not exceed two typed pages.

1. Why have you chosen to apply to Tai Sophia Institute?
2. What are your professional goals upon completion of the program?
3. Share an example of how you typically respond to learning new ways of thinking, being and doing and to being coached in those experiences.
4. How do you expect being in this program will shift your priorities and affect your schedule outside of class?
5. Please tell us about any previous training/exposure related to the master's degree to which you are applying. (For example; apprenticeships, treatment, consultations, certificate programs.)

Admissions Requirements

Please submit documentation to support all academic and non-academic admissions and bioscience requirements as indicated in the 2008-2009 academic catalog on the following pages:

- Master of Acupuncture, page 24
- Master of Arts in Applied Healing Arts, page 45
- Master of Science in Herbal Medicine, page 54

For applicants educated outside of the U.S., please refer to catalog page 19 for additional guidelines and requirements.

Application Signature

I certify that the information I have provided is complete and accurate. I authorize Tai Sophia Institute to make reasonable inquiry as to the accuracy of information provided in this form. I understand that Tai Sophia Institute reserves the right to request additional information. I realize that the falsification of any information may be grounds for denial or dismissal.

Applicant's Signature _____ Date _____

Application Submission Checklist

- An application is complete if you have submitted:
 - Completed application form
 - Application essay
 - Resume
 - Application fee (see below for payment options)
- Please order official (unopened) transcripts as soon as possible and have all documentation and transcripts sent directly to:
 - Office of Graduate Admissions
 - Tai Sophia Institute
 - 7750 Montpelier Road
 - Laurel, MD 20723
- Other recommended steps to take in the admissions process
 - Review the program description and admissions requirements in the academic catalog.
 - Attend a class, Open House, and the Redefining Health workshop at Tai Sophia.

Application Fee

- I am enclosing a check or money order, made payable to Tai Sophia Institute
- I authorize Tai Sophia Institute to charge to the credit card below:
 - U.S. \$95 Application Fee
 - U.S. \$150 Application Fee (for applications received after July 31, 2008 for September 2008 class, and after November 30, 2008 for the January 2009 class)

Visa MasterCard

Account number _____

Expiration date (month/year) _____

Signature and date _____

Name on card (please print legibly) _____