



# Beth Healthcare, LLC

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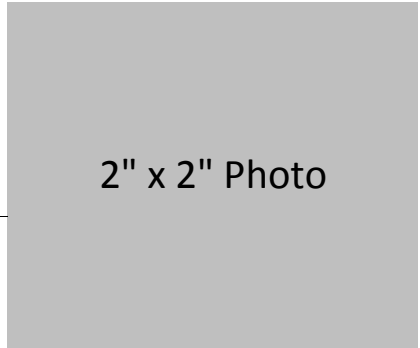
FOR OFFICE USE ONLY	
Receipt No.	
Date:	

## APPLICATION FOR ADMISSION

Please type.

Which class are you applying for: \_\_\_\_\_

Year: \_\_\_\_\_



If the class is full, will you wait for the next opening? \_\_\_\_\_

Have you previously applied to China Medical University? \_\_\_\_\_

Have you applied to any other Medical School? \_\_\_\_\_

If yes, where? \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_ Event: \_\_\_\_\_ Friend/Referral/Internet: \_\_\_\_\_

### APPLICANT INFORMATION

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
*Prefix (Ms., Mr., etc.) First Middle Last*

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Country of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street City State Zip*

Permanent Address: \_\_\_\_\_  
*Street City State Zip*

Cell phone: ( ) \_\_\_\_\_ Tel: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

You are: \_\_\_\_\_ Other, please specify: \_\_\_\_\_

Ethnic Origin: \_\_\_\_\_ Other, please specify: \_\_\_\_\_

(This information is optional. It is used to determine the effectiveness of efforts to provide equal education opportunity. These are federally designated categories.)

Obtained a Bachelor's? \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

Have you taken the GRE or GMAT? \_\_\_\_\_ If yes, please specify scores: \_\_\_\_\_

Have you taken the MCAT? \_\_\_\_\_ If yes, please specify date & scores: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phy Sci:		Verbal:		Bio Sci:		Writing:		Total:	
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Family Annual Income Level: \_\_\_\_\_ Applicant Marital Status: \_\_\_\_\_

Parent/Guardian Name Gender Legal Residency (County, State, Country) Educational Level Occupation

\_\_\_\_\_

\_\_\_\_\_

Sibling(s) Name Gender Legal Residency (County, State, Country) Educational Level Occupation

\_\_\_\_\_

\_\_\_\_\_

## QUALIFICATIONS

Degrees, diplomas, or other equivalent qualifications, held or pending (Evidence of attainment **MUST** be submitted with this application or as soon as obtained).

University or College	Dates Attended		Degree Awarded or Expected	Academic Major/Minor	Graduation Date	GPA
	From	To				

Please check the Pre-Requisites classes you have completed:

General Biology - 2 semesters/3 quarters (8 semester units/ 12 quarter units with laboratories) Grade _____ / _____ / _____
General Chemistry - 2 semesters/3 quarters (10 semester units/ 15 quarter units with laboratories) Grade _____ / _____ / _____
Organic Chemistry - 2 semesters/3 quarters (8 semester units/ 12 quarter units with laboratories) Grade _____ / _____ / _____
Physics - 2 semesters/3 quarters (8 semester units/ 12 quarter units with laboratories) Grade _____ / _____ / _____
English - 2 semesters/3 quarters (6 semesters units/ 12 quarter units) (Including grammar and composition) Grade _____ / _____ / _____
Mathematics - College-level, preferable to include Calculus or Statistics Grade _____ / _____ / _____
Biochemistry Grade _____ / _____ / _____
Behavioral Science Grade _____ / _____ / _____
Other, please specify the course and grade (if more space is needed, use a separate sheet of paper). Class _____ Grade _____ Class _____ Grade _____ Class _____ Grade _____ Class _____ Grade _____ Class _____ Grade _____ Class _____ Grade _____

## FINANCIAL SUPPORT

How do you intend to finance the tuition, fees and expenses for your study? \_\_\_\_\_  
(Accepted applicants are **REQUIRED** to provide **WRITTEN** evidence of the source of financial support.)

## APPLICATION CHECKLIST

- Completed and signed application form.
- Resume and personal statement (academic achievement, motivation, personal qualifications, etc.).
- Two 2"x2" photos
- Two letters of recommendation from college professors.
- A **non-refundable \$90.00 application fee** (money order, cashier's check or personal check, payable to **Beth Healthcare, LLC**). Neither the application form nor documents attached will be processed without the application fee.
- All documents supporting your experiences and qualifications listed on application form, resume and personal statement submitted (copy)

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

By signing this form, you are declaring the information you have provided is accurate and that no material information has been omitted. You are also agreeing to abide by the laws of the Chinese government and the rules and regulations of the University if accepted.

Please mail completed application to:  
**Medical Degree in China - Practice in the U.S.**  
**Exclusive Admission Office**  
**43 Corporate Park, Suite 100, Irvine, CA 92606**  
**or Email to: [degreeinchina@bethhealth.com](mailto:degreeinchina@bethhealth.com)**