



University of East-West Medicine

NON-MATRICULANT PLAN

Last name: _____ **First name:** _____

BACKGROUND

Please explain your interest in Traditional Chinese Medicine (TCM). Do you have personal experience with TCM? Have you taken any related courses? If so, where, and when?

What is your goal in taking classes at the University of East-West Medicine?

STUDY PLAN

Please indicate which courses you are interested in, how long you expect to be a student at UEWM, etc.

I understand and agree to abide by the policies regarding non-matriculating students.

Signature: _____ **Date:** _____