



Transfer Evaluation Request

Applying to start in _____ 20__

Identifying Information

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CELL/HOME PHONE _____ EMAIL ADDRESS _____

DATE OF BIRTH _____

U.S. Citizenship Status

CITIZEN _____ ELIGIBLE NON-CITIZEN _____

PLACE OF BIRTH _____

Previous Education

ACAHM Accredited Institution: _____

Dates Attending: _____

Program of Study: _____

Post-Secondary Institution(s) _____

Dates Attending: _____

Degree/Program of Study: _____

Total amount of post-secondary academic credits _____

Do you have 4 Credits in Human or General Biology? YES o NO o from where? _____

What year? _____

Employment
(list most current first)

Employer or Name of Practice
Responsibilities

Address

Dates of Employment

List all professional licenses in the medical/health field

Please initial the following:

____ I understand that I am required to have a minimum of 60 post-secondary credits in order to enter the MSAc program at ESATM as a transfer student. PLEASE NOTE: To be eligible for financial aid you must have a minimum of 90 post-secondary academic credits upon enter the program.

____ I understand that I am required to have a bachelor's degree from a post-secondary school independent of my acupuncture education in order to apply for a NJ state acupuncture license.

____ I understand that ESATM, as mandated by ACAHM may only accept transfer credits from an ACAHM accredited institution up to 50% of the MSAc program at ESATM.

____ I understand that I must complete a minimum of 5 trimesters at the MSAc program at ESATM.

____ I understand that I may have to provide additional course information such as syllabi, course descriptions etc. at the request of the ESATM admissions/academic departments.

____ I understand that upon transfer evaluation I may be required to take placement exams at ESATM to ensure proper MAc program/course registration.

____ I understand that the \$75.00 transfer evaluation fee does not guarantee that all prior ACAHM accredited program credits/courses will be transferred into the ESATM, MSAc program.

SIGNATURE

DATE

Received by ESATM_____

Date_____

440 Franklin St Suite 500, Bloomfield, NJ 07003 Phone: 973.746.8717 Fax: 973.746.8714

www.esatm.edu