



TRANSCRIPT REQUEST FORM for Applicants in the Field of Acupuncture and Oriental Medicine

To be completed by the educational institution only

Section 1: Instructions

Please provide the information requested below and submit this form with the official transcripts.

All transcripts of study should be clear and official academic records and include the individual's name, dates of attendance and date of graduation. If the degree and date of graduation are not indicated, please include a copy of the degree certificate.

Please mail this form, along with the requested academic records, directly to International Education Research Foundation at:

Post Office Box 3665
Culver City, California 90231-3665
USA

All records received from the institution(s) of study will become the property of IERF and will not be returned to the applicant.

Section 2: Please print or type.

Name of student: _____

Name of institution: _____

Address of institution: _____

Telephone: () _____ Fax: () _____ Email: _____

Type of training institution (e.g. secondary school, university, vocational school, etc.): _____

Program of study attended by individual: _____

Length of program (please specify whether the length is in years, semesters, or weeks): _____

Language of instruction: _____

Name of degree/diploma/certificate awarded: _____

Date that the degree/diploma/certificate was awarded: _____

What is the minimum entrance requirement for this program of study? _____

The program is regulated/recognized by which authority (Ministry of Education, Health...)? _____

Is the person eligible for admission to a university program at the master's or doctoral level? _____

Is s/he eligible to practice acupuncture/oriental medicine in the country of study? Pls. specify. _____

Is there a separate licensing authority/process? If yes, please specify. _____

Studies verified by (name): _____ Title: _____

Signature _____ Date: _____

Affix school seal here.