Acupuncture & Integrative Medicine College, Berkeley

Application for Open Classes

Contact Information

Date: ____/____/_____ Applying for Year 20___

❑ Winter (January) ❑ Fall (September)
❑ Spring (April)

First Name | Middle Name | Last Name

Other Names Used (Maiden) | Date of Birth (MM/DD/YY) | SSN #

Address | Home Phone | Mobile Phone

City | State | Postal Code | Email Address

Emergency Contact Name | Mobile Phone | Day Phone

Relationship | Evening Phone | Email Address

Do you have any special needs that we should be aware of? YES / NO If yes, please describe:_____

Have you ever been convicted of a felony or misdemeanor other than a traffic violation? YES /NO If yes, please describe:_____

How did you find out about AIMC Berkeley?_____

Tuition

Tuition for open classes is offered at two rates:

- **Credit** - Academic credit may be transferred into accredited programs. **Please complete a Non-Degree Seeking Application**.
- **Audit** - ½-price. No academic credit awarded; coursework may transfer to some non-accredited programs.

For updated class times and tuition rates for the current term, please see: www.aimc.edu/communityeducation/

Registration

Course Number	Course Title	Units	Tuition
	Total		

Received: _____ _____
Registration Coordinator Date

Administration Use Only