

University of East-West Medicine

595 Lawrence Expy, Sunnyvale, California 94085 Tel: (408) 733-1878 Fax: (408) 992-0448 Email: admissions@uewm.edu Web site: www.uewm.edu

Student's f	Name	Last		First	Phone	(mobile)			
Address		Last		First	Phone	(home)			
City		Sta	ite		Zip Code				
Email					Student ID:	Entered	:		
SCH	IEDULE	LANG	UAGE		COURSE		CRE	DITS	FEES
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					understood all of UEWM's				
					all tuition and any other fees		/M.		
Student	's Signature				Date				
UEWM A	Administrator S	ignature			Date				

					PAYMENT RECORD				