FALL OPENING SERIES CLASSES
for non-matriculated students

Opening Series is a selection of 11-week courses that provide an introduction to basic concepts in Oriental Medicine. These classes are an integral component of Emperor’s College master’s degree program and academic units are awarded for each class. If you decide to enroll in the master’s degree program your credits will transfer.

Fundamentals of Oriental Medicine  OM315  4 Units  Tues.  1:00pm – 5:00pm
This class provides the groundwork of basic principles and theories of Oriental Medicine including Yin-Yang Theory, Five Elements, Eight Principles, Etiology, Qi, Blood, Body Fluids, Zang Fu and other paradigms of TCM. Establishes a solid foundation for all future studies in Oriental Medicine.

Introduction to Herbal Medicine  HB300  2 Units  Tues.  5:30pm – 7:30pm
Learn major herb groups, Chinese botanical nomenclature and an understanding of important herbs from the Oriental pharmacopoeia including individual properties such as flavor, entering meridians, functions and medicinal uses.

Introduction to Meditation I  EL141  1 Unit  Wed.10am – Noon  (10/5 – 11/2)
A quiet weekly meditation class covering an array of meditation traditions and techniques. The health benefits of meditation exercises will be discussed as well as the importance of meditation in the cultivation of becoming a superior healer.

Introduction to Meditation II: Yin Organs  EL142  1 Unit  Wed.10am – Noon  (11/9 – 12/7)
Students will continue their study in this second course learning intermediate level philosophy, form and practice of meditation. Each experiential class will primarily consist of guided or silent meditation practice, but will also include class discussion and lecture.

Medical Qi Gong I  OM351  2 Units  Thurs. 1:00pm – 3:00pm
Students practice breathing, posture, relaxation, energy movement and mind regulating techniques that empower a direct experience of Qi with the ability to direct it therapeutically. Meets at Douglas Park, 1155 Chelsea Avenue, Santa Monica.

Acupressure  EL206  2 Units  Fri. 10:00am – 12:00pm
Learn non-needling applications of Oriental medicine. Students will explore pressure point function and key healing points which stimulate the body’s self curative abilities. Hands-on applications of acupressure will be presented including relieving pain and stress, reducing muscular tension and increase circulation of blood to enable balancing body energy.

Tai Chi I: Yang Style  OM350  2 Units  Fri. 6:30 – 8:30pm
Yang style tai chi is the most well known and widely practiced style of tai chi in the world. This practical course provides a basic introduction to the theory and benefits of Yang style tai chi. Students will learn and practice the first one third of the classic Yang style form set, with an emphasis on the proper breathing technique and body movements.

Students must have a minimum of 60 semester units (90 quarter units) of undergraduate coursework to enroll.
Cost: $160.00/unit plus $45.00 registration fee per quarter.
Register early as classes fill up. Schedule is subject to revision. Call to confirm class days and times.

11 Week Fall Quarter Begins Thursday, September 29, 2011
Scroll down for registration forms
Part 1

Personal Data

Application Date /   /  Applying for: ☐ Winter ☐ Spring ☐ Summer ☐ Fall Year:

☐ New student    ☐ Transfer student  Name of OM Institution:

☐ Full-time student    ☐ Part-time student

Legal Name

Last Name (Family Name)  First  Middle (Maiden)

Address

Mailing Address, if different

Prior Name(s)

Social Security Number

Home Phone (   )  Work Phone (   )

Mobile/Pager (   )  E-mail

Date of Birth /   / Place of Birth

Month  Day  Year  City  State  Country

CITIZENSHIP

Do you plan to apply for financial aid? ☐ Yes ☐ No  If yes, please complete Part 4 of the Application for Admission

☐ US/Dual US Citizen  If dual, specify other citizenship

☐ Other citizenship: Country  Visa type

☐ US Permanent Resident visa, Green Card Number  Citizen of

ACADEMIC INFORMATION

Institution/Location  Major/Degree  Dates Attended/Units completed

Institution/Location  Major/Degree  Dates Attended/Units completed

Institution/Location  Major/Degree  Dates Attended/Units completed

(Continued on reverse)
Part 1

Personal Data

EMPLOYMENT INFORMATION

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th>Location</th>
<th>Position</th>
<th>Phone</th>
<th>Dates of Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How did you find out about the MTOM Program at Emperor's College?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What were the most important factors in your decision to apply to Emperor's College?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________

EMERGENCY CONTACTS (Please list two)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name
Address
Phone

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name
Address
Phone

ETHNIC BACKGROUND (Information in this section will be used for statistical analysis only and is strictly voluntary)

☐ African American/Black  ☐ American Indian/Alaskan Native  ☐ Asian/Pacific Islander
☐ Hispanic/Latino(a)      ☐ White/Caucasian           ☐ Other

I certify that the information supplied by me on this application is true and correct to the best of my knowledge. If any of the information on this form changes between now and my matriculation at Emperor’s College, I will notify the Director of Admissions. I understand that failure to do so may result in withdrawal of my application and/or the offer of admission.

Signature
Date
Opening Series Registration Form

Introduction: Opening Series students are limited to Opening Series classes only. There are no minimums or maximums to the number of credit units Opening Series students may take. Classes which are taken for-credit are fully transferable into the master's degree program.

Procedure:
1. Please mail this form, along with the Opening Series application to the above address to enroll.
2. $45 registration fee and first half of tuition are due at time of enrollment. Remaining tuition balance is due by end of the first week of the quarter.
3. For classroom assignment and text book information contact the Admissions Department at 310-453-8300.

Name: _____________________________ Date: _______________
Quarter:  □ Fall  □ Winter  □ Spring  □ Summer  Year: ____________

<table>
<thead>
<tr>
<th>Academic Courses</th>
<th>$160 per unit; $45 Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Add/Drop</td>
</tr>
<tr>
<td></td>
<td>□ Add □ Drop</td>
</tr>
<tr>
<td></td>
<td>□ Add □ Drop</td>
</tr>
<tr>
<td></td>
<td>□ Add □ Drop</td>
</tr>
<tr>
<td></td>
<td>□ Add □ Drop</td>
</tr>
<tr>
<td></td>
<td>□ Add □ Drop</td>
</tr>
<tr>
<td></td>
<td>□ Add □ Drop</td>
</tr>
</tbody>
</table>

Please be aware of our policy for DROPPING courses: All students must notify the Administration Office if he/she chooses to drop a course. There is a $25 fee for each course dropped. Tuition refunds are prorated for each week of class instruction that has passed.

I am aware of my responsibilities regarding payment for Opening Series classes and understand that I must notify Emperor’s College Admissions immediately if I decide to drop the course(s) I have registered for. I agree to pay associated fees and tuition charges related to this registration.

__________________________________________________________
Student signature  Date

Office Use Only

□ Approved

__________________________  _________________________
Dean's Signature  Date