



APPLICATION FOR VISITING OR EXCHANGE STUDENTS

Please return application to: Office of Admissions
Graduate School of Basic Medical Sciences
New York Medical College
Basic Sciences Building, Room A41
Valhalla, New York 10595

Please print or type information requested

1a. _____ / _____ / _____
Last (family) Name First (given) Name Middle

1b. Former name(s) under which your academic records may have been stored, if different from above.
_____ / _____ / _____
Last (family) Name First (given) Name Middle

2. Contact information (Please indicate with an "X" where you wish to have correspondence sent.)

Current Mailing Address

Permanent (Legal) Address

This address is effective until: _____

Address Line 1 _____

Address Line 1 _____

Address Line 2 _____

Address Line 2 _____

Address Line 3 _____

Address Line 3 _____

City State County (NY State only)

City State County (NY State only)

Postal Code Country

Postal Code Country

Phone Numbers (Please indicate with an "X" your preferred phone number)

_____ _____ _____
Home/Evening Work/Daytime Cell Phone

E-mail address: _____

3a. Marital Status Married Single 3b. Sex/Gender Male Female

3c. Social Security Number _____ - _____ - _____

4a. Date of Birth _____ / _____ / _____
Month Day Year

4b. Place of Birth _____
City State OR Country

5a. What is your United States citizenship/residency status? (*Please check only one box.*)

Native US citizen

Naturalized US citizen

Permanent Resident (Green Card)

Temporary Alien (Non-Resident)

5b. If your answer to 5a is Temporary Alien (Non-Resident), please indicate your visa status:

I already have a temporary visa

I need to acquire a temporary visa

5c. Of what country (countries), other than the United States, are you a citizen?

6. Date you wish to begin studies at NYMC _____ NYMC Sponsor _____

7. Name and location of Academic Institution you are currently attending

8a. Program of study at the above-named institution _____

8b. Degree you are working towards _____

8c. Date you began current program of study _____

8d. Current Status _____

8e. Current GPA _____

8f. Date expected to graduate _____

All submitted materials become the property of the College and cannot be returned either as an original or a photocopy. New York Medical College does not discriminate on the basis of race, color, creed, religion, national or ethnic origin, age, sex, marital status or disability in any of its policies, procedures, programs, or practices. Any grievances pertaining to discrimination should be directed to Francis L. Belloni, Ph.D. New York Medical College, Basic Sciences Bldg., (914) 594-4110.

I certify that all my answers are complete and accurate. I understand that New York Medical College reserves the right to deny admission or permission to register or to require the withdrawal of any person whom it considers deficient in scholarship, character or conduct.

_____/_____
Signature Date

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR VISITING OR EXCHANGE STUDENTS

APPLICATION INSTRUCTIONS

Name (Item 1b): Please indicate if your academic records have been stored under a name that is different from the name you are currently using.

Address (Item 2): Please indicate if you would like correspondence sent to your current address or to your permanent address. Your current address is the place in which you reside temporarily. Your permanent address is your principal residence.

School (Items 7 and 8): Please list the school where you are currently studying, the program (discipline and degree sought) you are in, the date you began the program, your current status (for example in second or third year of study), your present GPA and the date you expect to graduate.

SUBMISSION OF DOCUMENTATION

TRANSCRIPTS

Arrange to have an official transcript that includes your complete academic record sent to the Admissions Office directly from your school

LETTERS

A letter from the dean of your home university must be submitted to the Admissions Office. This letter must include the following information: certification that you are a bona fide student in good standing at the institution, the degree you are seeking and how the proposed activities at New York Medical College will contribute to the fulfillment of your degree requirements. If specific academic courses at New York Medical College are in the plans, the letter should also specify what courses are required and confirm that these courses will be accepted by the home university.

A letter from the student's faculty advisor at your home institution, if you have one. The letter should outline the purpose of the student's proposed study at New York Medical College.

A letter from the student's sponsor at New York Medical College specifying what activities are planned for the student. Length of stay or the anticipated end-date of studies at New York Medical College must be specified.

ETHNICITY DATA FORM

All applicants must complete the *Ethnicity Data* Form.

STUDENT HEALTH INSURANCE

Doctor of Philosophy students in full-time student status are required to have adequate medical and hospitalization insurance. Proof of such insurance must be provided. Exchange Doctor of Philosophy students are eligible to participate in the New York Medical College student health insurance plan, at their own (or a sponsor's) expense.

AFFIDAVIT OF SUPPORT

International students must also submit the *International Applicant Financial Affidavit* and *International Sponsor Affidavit* Form.