



SCHOOL OF HEALTH SCIENCES AND PRACTICE

New York Medical College

Instructions for Application

1. Applications will not be processed without the \$50 non-refundable application fee. International applicants requiring a Form I-20 A-B must submit a non-refundable application fee of \$100 (U.S. currency) to cover additional processing, INS forms and postage. Payment may be made with a credit card, a check or a money order made payable to New York Medical College. Checks or money orders may be returned to:

Office of Admissions
School of Health Sciences and Practice
New York Medical College
Valhalla, New York 10595

2. To comply with New York State Law, all applicants born on or after January 1, 1957 are required to submit proof of immunization against measles, mumps and rubella. See instructions on the **Student Immunization Record**.
3. All applicants must submit **Official Transcripts** from all post-secondary schools attended. Transcripts are sent directly to the Assistant Dean for Admissions or sent by the school to the student in a sealed envelope with the Registrar's signature across the seal. The envelope should be sent unopened to the Assistant Dean for Admissions.
4. All applicants must submit two **Recommendation Forms** either completed on-line or downloaded and sent directly to the Assistant Dean for Admissions from the recommender. Acceptable recommendations come from a college instructor or advisor, a previous or current employer or a work supervisor. If recommendations are sent to the student, they should be sent in a sealed envelope with the recommender's signature across the seal. The envelope should be sent unopened to the Assistant Dean for Admissions.
5. All applicants must submit a typed double-spaced **Personal Statement** of approximately 250 words that states why they wish to attend graduate school and why they chose a particular program. Career and professional goals should also be included.
6. All applicants must submit a **Resumé** that includes work experience as well as leadership activities/awards.

For International Applicants: : International applicants whose native language is not English must submit a TOEFL score. A minimum score of 637 (PBT-essay score minimum of 5), 270 (CBT-essay score minimum of 5), or 110 (IBT – minimum score of 24 in each sections) is required; IELTS may be substituted –Band 7 minimum. See catalog for addresses of these organizations. All applicants with foreign transcripts may also be required to submit English language scores, and must submit an official evaluation of their post-secondary diploma(s) and grade transcript(s) from a U.S. Government-approved agency. Additional instructions for international applicants are listed in a separate brochure. **NOTE: The ECFMG ENGLISH TEST scores may not be substituted.**

7. Your signature on the application indicates that the information and documentation supplied is complete and accurate. If it is found that there is incomplete information on the application or false documentation, the acceptance will be rescinded, or dismissal imposed if enrolled.



School of Health Sciences and Practice
New York Medical College
Valhalla, NY 10595

Fee Paid _____	Date _____
Student ID # _____	
Application # _____	

APPLICATION FOR ADMISSION

PLEASE TYPE OR PRINT CLEARLY IN INK.

NAME

Prefix _____	Last (Family) _____	First (Given) _____	Middle _____
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SOCIAL SECURITY NUMBER _____ - _____ - _____

DATE OF BIRTH _____ / _____ / _____	PLACE OF BIRTH _____
Month Day Year	City/State/Country (if not U.S.)

MALE / FEMALE _____ ANY NAMES PREVIOUSLY USED _____

HOME PHONE (_____) _____ - _____	HOME PHONE (_____) _____ - _____	E-MAIL _____
(Permanent)	(Current if different from permanent)	

BUSINESS PHONE (_____) _____ - _____ FAX (_____) _____ - _____ CELL PHONE (_____) _____ - _____

PERMANENT ADDRESS

Number and Street _____

City _____	County _____	State _____	Country (if not USA) _____	Zip Code _____
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CURRENT ADDRESS (If different from the above address) _____ (until what date?)

Number and Street _____

City _____	County _____	State _____	Country (if not USA) _____	Zip Code _____
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EMERGENCY CONTACT

NAME

Prefix _____	Last _____	First _____	Middle _____	Relationship _____
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ADDRESS

Number and Street _____	City _____	State _____	Zip Code _____
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HOME PHONE (_____) _____ - _____ BUSINESS PHONE (_____) _____ - _____ CELL PHONE (_____) _____ - _____

Are you a citizen of the United States? _____ If citizen of another country, name of country _____

Permanent Resident, Alien Registration Number _____ Year of immigration to the United States _____

Permanent Resident of another country (name) _____

If you are not a U.S. citizen or U.S. resident alien, will you require an I-20 form from NYMC? Yes No

If you are currently in the United States as an F-1 student at another university:

(Name of university) _____

Degree program _____ Expected date of completion _____ End date on your I-20 _____

If you are currently in the United States in another visa category: Visa Status _____ Expiration date: _____

Date of the latest TOEFL test you have taken or plan to take _____ (for applicants whose native language is not English)

Test must have been taken within the last two years.

EDUCATIONAL BACKGROUND: Please list all schools attended since high school. List the most recent school first. Attach additional sheets, if necessary. A resume can be attached but does not substitute for completion of this section. Please submit transcripts from all schools attended.

Secondary / High School _____ City / State _____ Graduation Date _____

Postsecondary Schools	Location	Dates Attended (Month/Year)	Major/Minor	Degree	Date or expected date of degree

RECENT WORK EXPERIENCE: (Prior work positions should be indicated on your resume)

EMPLOYER NAME _____

Your Position _____ Dates of Employment _____ F/T__ P/T__ Volunteer _____

ADDRESS

Number and Street _____ City _____ State _____ Zip Code _____

TELEPHONE (_____) _____ - _____ FAX (_____) _____ - _____

How did you hear about the School of Health Sciences and Practice _____

The School of Health Sciences and Practice of New York Medical College is committed to multicultural and racial diversity. We need to gather information from our applicants in order to monitor our progress in this area. If you choose not to share that information with us, please check off the last option.

- Black/African American (A person having origins in any of the black racial groups of Africa.)
- American Indian or Alaskan Native (A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.)
- Asian (A person having origins in any of the original peoples of Far East, Southeast Asian, the Indian Subcontinent, or the Pacific Islands. This includes people from China, India, Japan, Korea, The Philippine Islands, American Samoa and Vietnam.)
- Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, or other Pacific Islands.)
- Hispanic/Latino (A person having origins in Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture countries regardless of race)
- Puerto Rican (Mainland)
- Mexican
- Other (Cuban, Central or South American or Spanish Culture or origin)
- White, Non-Hispanic (A person having origins in any of the original peoples of Europe, North Africa, or in the Middle East.)
- Not Available - Other
- Decline to respond

Signature _____ Date _____

I hereby certify that the information given above and in any attached documents is complete and accurate. I acknowledge that all materials submitted become the property of the College and cannot be returned or photocopied for me.

The School of Health Sciences and Practice of New York Medical College admits qualified students regardless of race, color, national or ethnic origin, religion, creed, sex, sexual orientation, age or disability to all of its programs and activities.