

NEW YORK MEDICAL COLLEGE - OFFICE OF THE BURSAR

EXIT INTERVIEW PERSONAL DATA

THIS INFORMATION IS CONFIDENTIAL! Any person who knowingly makes a false statement or misrepresentation in a loan transaction, bribes or attempts to bribe a Federal official, fraudulently obtains a loan, or commits any other illegal action in connection with a loan is subject to imprisonment under Federal statute.

This form must be completed in ink within the final academic term of your enrollment prior to your anticipated graduation date or other departure date from N.Y.M.C.

PERSONAL INFORMATION

Name _____
Social Security Number _____ Date of Birth _____
Permanent Address _____
Local Address _____
Home Phone # _____ Work Phone # _____
Spouse's Name _____ Spouse's Occupation _____
Spouse's Employer _____ Work Phone # _____
Employer's Address _____

PARENTAL INFORMATION

Father's Name _____ Home Phone # _____
Address _____
Mother's Name _____ Home Phone # _____
Address _____

PERSONAL REFERENCES/INDIVIDUAL'S - YOU MUST PROVIDE TWO REFERENCES OTHER THAN IMMEDIATE FAMILY, STUDENT'S OR PROFESSORS WHO WILL MOST LIKELY KNOW YOUR ADDRESS

Name _____ Home Phone # _____
Address _____
Name _____ Home Phone # _____
Address _____

Internship/Residency in _____ at _____
Address _____

Signature _____ Date _____