



NEW YORK MEDICAL COLLEGE

A MEMBER OF THE Touro College and University System

School of Health Sciences and Practice

and INSTITUTE OF PUBLIC HEALTH

APPLICATION FOR ADMISSION – MPH/CERTIFICATE

Please return application signed and dated. TYPE OR PRINT CLEARLY IN INK.

TERM OF APPLICATION FALL/YEAR SPRING/YEAR SUMMER/YEAR

NAME

_____ Prefix _____ Last _____ First _____ Middle _____

DATE OF BIRTH _____ / _____ / _____ PLACE OF BIRTH _____
State/Country

MALE / FEMALE _____ ANY NAME PREVIOUSLY USED _____

HOME PHONE (____) _____ - _____ HOME PHONE (____) _____ - _____ Email: _____
(Permanent) (Current if different from Permanent)

PERMANENT ADDRESS

_____ Number and Street

_____ City _____ County _____ State _____ Zip Code _____
CURRENT ADDRESS (if different from Permanent)

_____ Number and Street

_____ City _____ County _____ State _____ Zip Code _____
UNTIL WHAT DATE? _____ E-MAIL ADDRESS _____

EMERGENCY CONTACT

NAME _____
Prefix _____ Last _____ First _____ Middle _____ Relationship _____

ADDRESS

_____ Number and Street

_____ City _____ County _____ State _____ Zip Code _____

HOME PHONE (____) _____ - _____ BUSINESS PHONE (____) _____ - _____ CELL PHONE (____) _____ - _____
(over)

Applying for: _____
(Name of program/certificate)

On line _____ on campus _____

Have you previously applied for admission to School of Health Sciences and Practice? _____ Yes _____ No

Name of Program: _____ Year _____

University/College where you obtained your bachelor's degree _____

Year of graduation _____



NEW YORK MEDICAL COLLEGE

A MEMBER OF THE Touro College and University System

School of Health Sciences and Practice

and INSTITUTE OF PUBLIC HEALTH

Are you a US citizen: Yes No

If not, what country: _____ Please Will you need an F-1 visa? _____

submit the following items:

- Transcripts for all schools attended
- 2 recommendations from faculty/employers sent by recommenders
- Personal Statement on why you are interested in our Public Health Program
- Resume

shsp_admissions@nymc.edu or FAX 914-594-3961

or

Office of Admissions, Room 316
 Public Health Program
 School of Health Sciences and Practice
 New York Medical College
 40 Sunshine Cottage Road
 Valhalla, New York 10595

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, NON-HISPANIC (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.)
- NATIVE HAWAIIAN OR PACIFIC ISLANDER (A person having origins in any of the original peoples of Hawaii, Guam, or other Pacific Islands.)
- HISPANIC/LATINO (A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.)
 - Puerto Rican
 - Mexican American
 - 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.)
- IF OTHER, PLEASE SPECIFY _____
- I DO NOT CHOOSE TO RESPOND

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.

SIGNATURE _____ DATE _____

Month/Day/Year

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, age, or disability to all of its programs and activities.