



NEW YORK MEDICAL COLLEGE

A MEMBER OF THE Touro College and University System

MEDICAL ETHICS APPLICATION FOR ADMISSION

Personal Information

Name

The information you enter here will be printed and evaluated exactly as you have typed it. Do not use all upper case or all lower case letters.

_____/_____/_____
Last Name First Name Middle

Former name(s) or name under which your academic records may have been stored, if different from above.

_____/_____/_____
Last Name First Name Middle

Date of Birth ____/____/_____
Month Day Year

Place of Birth _____
City State Country

Gender Male Female Other

Home Phone (____) ____-____ Cell Phone (____) ____-____ Email Address _____

Current Address

Number and Street

City State Zip Code Country

Permanent Address (if different)

Number and Street

City State Zip Code Country



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Program: Master of Science Advanced Certificate Non-Matriculated

Anticipated Semester: Fall Spring Summer

Have you previously applied or are you currently applying for admission to a different program at New York Medical College? _____ **If Yes, semester/year/program**

Are you currently enrolled in a program at New York Medical College or Touro College and University System? _____ **If Yes, class/program** _____

How did you hear about the Medical Ethics Program at New York Medical College?

Are you a citizen of the United States? Yes No

If citizen of another country, name of country _____

If Permanent Resident, Alien Registration Number _____

Year of immigration to the United States _____

If you are not a U.S. citizen or U.S. resident alien, are you:

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 _____ (month / day / year)

Currently in the United States in another visa category:

Visa Status: _____

Expiration date: _____ (month / day / year)



Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please explain on a separate sheet of paper.

Have you ever been the recipient of any institutional action resulting from unacceptable academic performance or a conduct violation (even if such action did not interrupt your enrollment, require you to withdraw, and/or does not appear on or has been deleted from your official transcripts due to institutional policy or personal petition)? Yes No

If yes, please submit your statement of the circumstances on a separate sheet of paper.

Are you currently serving in the United States military? Yes No

Are you a U.S. veteran? Yes No

Statement of academic purpose

On a separate piece of paper please address your purpose and interest in pursuing a degree in medical ethics, and how the degree program fits into your overall professional growth, focusing in particular on the connection between the program and your academic and/or professional experience.

Previous Education

If you are applying for the master of science degree or advanced certificate program, you are required to submit transcripts from all colleges, professional schools and universities attended (including New York Medical College).

If your transcripts are from an institution in the U.S. or Canada, we strongly recommend sending an unofficial copy of your transcripts with this application in addition to having official copies sent. The Office of Admissions will use unofficial copies of transcripts for admission consideration. Candidates offered admission will later be required to supply official documents prior to enrollment before the offer is considered official.

If your postsecondary credentials are from an institution outside the U.S. or Canada, the Office of Admission will not review unofficial documents for admission consideration; you must submit a certified English credential evaluation and translation for all postsecondary institutions attended.



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Previous Employment and Volunteer Experience

If you are applying to the master of science degree or certificate program, please submit a separate document listing your previous employment/volunteer experiences. This can be included as part of your CV.

Recommendations

Please list the names of two (2) individuals who will be submitting letters of recommendation on your behalf.

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: _____

The Medical Ethics Program at New York Medical College admits qualified students regardless of race, color, national or ethnic origin, creed, sex, age, or disability to all of its programs and activities.

Checklist for Applicants for M. S. degree:

- Completed application form
- A nonrefundable application fee of \$75.00
- Transcripts from all post-secondary institutions attended
- A curriculum vitae or resume
- Two letters of recommendation written by teachers or professional colleagues who are well-positioned to comment on student's intellectual strengths and professional promise
- A statement of academic purpose which should address student's purpose and interest in pursuing a degree in medical ethics, and how the degree program fits into his or her overall professional growth, focusing in particular on the connection between the program and his or her academic and/or professional experience
- An admissions interview may be required
- Submit to the office of admissions at shsp_admissions@nymc.edu

Checklist for Applicants for An Non-Matriculated:

- Completed application form
- A nonrefundable application fee of \$75.00
- Submit to the office of admissions at shsp_admissions@nymc.edu