

NEW YORK COLLEGE OF PODIATRIC MEDICINE



APPLICATION FOR ADMISSION

TRANSFER/ADVANCED STANDING

**Application for Admission to
the New York College of
Podiatric Medicine with
Transfer Credit/Advanced
Standing**

New York College
Of Podiatric Medicine
Office of Admissions and Enrollment Management
1800 Park Avenue
New York, NY 10035
(212) 410-8098 / (800) 526-6966

- Transfer Applicant Anticipated enrollment date: September year: _____
 International Medical Graduate January year: _____

NOTE: Please read the entire Admissions section of the current NYCPM Catalog before making application. All applicants must first meet full requirements for admission to NYCPM. Due to differences in curricula, transfer students should expect to lose a year in completing degree requirements. All students, regardless of the amount of transferable credit, must complete a minimum of two years of full-time study at NYCPM to complete the D.P.M. degree.

Use typewriter or print in ink. All applicants must include a \$50 non-refundable application fee. In addition, all applicants for transfer or advanced standing must provide:

- Official transcripts from all postsecondary institutions attended, including English translation and World Education Services evaluation of any foreign transcripts;
- Official test scores (Transfer applicants: MCAT or DAT; International Medical Graduate: USMLE Step 1 taken within the last three (3) years); and
- Three letters of recommendation from the podiatric or medical school attended (Transfer Applicants must provide a Dean's letter of Good Standing plus two additional recommendations). All credentials must be sent directly to the Office of Admissions and Enrollment Management.

SECTION ONE:

1. Name: _____
Last First Middle

2. Present Mailing Address: _____
City State Zip Code

Permanent Mailing Address: _____
City State Zip Code

Telephone: _____ E-mail address: _____
Day Evening

3. Social Security Number: ____ - ____ - ____

4. Legal resident of: USA other country: _____
 If legal resident of USA, resident of _____ County, _____ state

5. Citizenship: USA Other (specify): _____
 If permanent resident, resident alien Number: _____

6. Date of Birth: ____/____/____ Birthplace: _____ 7. Sex: Male Female

Optional:

8. Marital Status: Single Married Divorced Widowed

9. Ethnic origin: African American Hispanic/Latino White non-Hispanic
 Asian/Pacific Islander Native American/Native Alaskan Other _____

10. Nearest Relative: _____ Relationship: _____

Address: _____

Street address

City

State

Telephone

11. Is a member of your family a D.P.M.? Yes No

If yes, Name: _____ Relationship: _____

12. Do you need information on Financial Aid? YES NO

13. Have you ever been convicted of a felony? YES NO

If YES, please explain _____

14. Have you previously applied to NYCPM? YES NO

If YES, Check one: ACCEPTED REJECTED WITHDRAWN BEFORE DECISION

Please indicate the entrance date for which you were an applicant. _____

We will retrieve credentials from your original application file so that you will not have to supply materials already on file. However, you must supply transcripts of all course work taken since you originally applied.

SECTION TWO:

15. Previous education: List all institutions attended. It is the responsibility of the applicant to request official transcripts from all institutions attended to be sent directly to the Office of Admissions and Enrollment Management.

NAME OF INSTITUTION	LOCATION	DATES ATTENDED	DEGREE RECEIVED OR EXPECTED
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Professional/Graduate School:

_____ TO _____

Undergraduate Institution(s):

_____ TO _____

_____ TO _____

Undergraduate Major: _____ Minor: _____

16. List any honors, scholarships, publications: _____

17. Employment History: List the most recent professional experience or attach a current resume.

Name/location of Employer	Dates	Position/title	Duties
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18. **Personal Statement:** ON a separate sheet, please briefly describe your background, identifying the reasons for your interest in studying Podiatric Medicine. If a transfer applicant, state the reason(s) why you wish to transfer to the New York College of Podiatric Medicine.

19. Please identify course work for which you are seeking credit.

Course	Year taken	Course	Year taken
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OR: **Full First Year at NYCPM** **Full First and Second Years at NYCPM**

SECTION THREE:

Please read and sign the following:

I certify that the information in this application is complete and accurate. I realize that my application cannot be reviewed until all requested credentials have been received by the Office of Admissions and Enrollment Management. It is my responsibility to supply these credentials, and the concealment or falsification of any college record, undergraduate or graduate, will nullify my application. I recognize that any intentional misrepresentation on my part will result in denial of admission, or, if discovered after admission, in dismissal retroactive to the date of admission. I am aware that this application is valid for one year. If accepted, I agree to comply with the regulations of the college and pay all fees required.

Signature

Date