



NEW YORK COLLEGE OF PODIATRIC MEDICINE
 2010 Pre-Matriculation Program
July 5 – August 13, 2010
APPLICATION FOR ADMISSION

USE A TYPEWRITER OR PRINT IN INK

SUMMER HOUSING NEEDED? YES NO

1. NAME: _____
LAST FIRST MIDDLE

2. MAILING ADDRESS: _____

3. TELEPHONE NUMBER: (PRIMARY) _____ (SECONDARY) _____

4. EMAIL ADDRESS _____

5. SOCIAL SECURITY NUMBER: - -

6. DATE OF BIRTH: ___/___/___ BIRTHPLACE _____

7. SEX: MALE FEMALE

8. ETHNIC BACKGROUND (Optional): WHITE HISPANIC AFRICAN AMERICAN
 PACIFIC/ASIAN AMERICAN INDIAN OTHER _____

9. PREVIOUS EDUCATIONAL EXPERIENCE: LIST ALL INSTITUTIONS ATTENDED. IF DEGREE IS PENDING, INDICATE DATE EXPECTED.

| Name of Institution | City | State | Attended | | Degree or Certificate Received or Expected |
|---------------------|------|-------|----------|----|--|
| | | | From | To | |
| | | | | | |
| | | | | | |

UNDERGRADUATE MAJOR _____ MINOR _____

Do you plan on attending the 4 year DPM program at NYCPM? Yes No

| |
|---|
| \$700 FEE ENCLOSED: <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> VISA/MC CREDIT CARD NUMBER _____ EXP. DATE: _____ |
|---|

I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS ACCURATE. I AM AWARE THAT THIS APPLICATION IS ONLY FOR THE 2010 NYCPM SUMMER PROGRAM.

SIGNATURE

DATE