NEW YORK COLLEGE OF PODIATRIC MEDICINE

APPLICATION FOR ADMISSION

TRANSFER/ADVANCED STANDING
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.

All applicants must include a $100 non-refundable application fee. Click here to access the payment portal. 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. Gender: ☐ Male ☐ Female
Optional:
8. Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed
   ☐ 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.

<table>
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<tr>
<th>NAME OF INSTITUTION</th>
<th>LOCATION</th>
<th>DATES ATTENDED</th>
<th>DEGREE RECEIVED OR EXPECTED</th>
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<td>Professional/Graduate School:</td>
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<td>Undergraduate Institution(s):</td>
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<td>Undergraduate Major: ______________________ Minor: ______________________</td>
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16. List any honors, scholarships, publications: ____________________________________________

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

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<tr>
<th>Name/location of Employer</th>
<th>Dates</th>
<th>Position/title</th>
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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.

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<th>Course</th>
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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