

If Married, Will Your Spouse or Children Accompany You to U.S.?

_____ Spouse _____ Children Total Number of Dependents _____

If you are not awarded a stipend, you will be required to document the source of your financial support while in the United States. This can be done by submitting a certified bank statement or letter of commitment of support from a benefactor, or other documentation. The following information will be kept on file in the event you do not receive a stipend.

Indicate Source of Your Financial Support for Tuition and Living Expenses: _____

Name of Person or Organization _____

Relationship (If Any) _____ ***Occupation*** _____

If you are interested further in our graduate program please complete this International Application Supplemental Form and submit the \$60 application fee along with official transcripts. Certified English translations are required for all official transcripts that are not in English as well as credit hour equivalents, and an explanation of the grading system. All transcripts must be on official paper and certified.

Submit to: ***Graduate Studies Program MC-16***
 Albany Medical College
 47 New Scotland Avenue
 Albany, NY 12208-3479

Upon receipt of these items we will send you additional application materials for the Graduate Studies Program.

"I CERTIFY THAT THE INFORMATION I SUBMIT ON THIS FORM IS COMPLETE AND CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MISREPRESENTATION OR ANY OMISSION OF REQUESTED INFORMATION MAY BE CAUSE FOR TERMINATING ME FROM THE PROGRAM AT ANY TIME."

DATE: _____

(SIGNATURE OF APPLICANT)