

**ALBANY MEDICAL COLLEGE
CENTER FOR PHYSICIAN ASSISTANT STUDIES**

INTERNATIONAL APPLICANT SUPPLEMENTAL FORM

**(To be completed by all non-U.S. citizens in addition
to standard CASPA and CPAS Supplemental Applications.)**

APPLICANT: _____
family name **given name**

Current Address: _____

Country of Citizenship _____ **Native Language** _____

Current Visa Status:

Year of Immigration to U.S. (if applicable) _____

Type of Temporary Non-Immigration Visa: _____ **Visa #** _____

Will You Require An F-1 (Student) Visa? _____ **Yes** _____ **No**

TOEFL & GRE Scores are required of all applicants. (See Instructions.)

GRE Scores:

Verbal _____, **Quantitative** _____, **Analytical** _____

DATE Taken _____ **GRE Date To Be Taken** _____

TOEFL Score: _____ **DATE Taken** _____

TOEFL Date To Be Taken _____

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

_____ Spouse _____ Children Total Number of Dependents _____

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.

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

Name of Person or Organization _____

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

"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)

Please attach this form to your CPAS Supplemental Application.