ALBANY MEDICAL COLLEGE
GRADUATE STUDIES PROGRAM

INTERNATIONAL APPLICANT SUPPLEMENTAL FORM

(To be completed by all non-U.S. citizens in addition to standard AMC Graduate Studies Program Application.)

APPLICANT: ____________________________________________________________________

family name                            given name

CENTER/PROGRAM TO WHICH APPLICANT IS APPLYING ____________________________
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DEGREE DESIRED: M.S.__________________ OR Ph.D._________________________

Current Address: ____________________________________________________________
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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. To receive an application or submit official scores, write to: Educational Testing Service, Princeton, NJ 08541. Use code #2947 for the Albany Medical College.

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__________________

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)