

**TOURO COLLEGE**  
**SCHOOL OF HEALTH SCIENCES**  
BROOKLYN • LONG ISLAND • MANHATTAN

**OFFICE OF CENTRAL ADMISSIONS**  
1700 Union Boulevard • Bay Shore, New York 11706  
866-Touro4U extension 6505 • enrollhealth@touro.edu

## APPLICATION FOR ADMISSION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SEMESTER: *Fall 20*\_\_\_\_ *Spring 20*\_\_\_\_ *Summer 20*\_\_\_\_

### LOCATION/PROGRAM: *Please check*

#### BAY SHORE PROGRAMS

1700 Union Boulevard  
Bay Shore, NY 11706

- BS Health Sciences/DPT Physical Therapy
- BS Health Sciences/MS Physician Assistant Studies
- BS Health Sciences/MS Occupational Therapy
- BA Psychology
- BS Biology
- BS Health Care Administration
- CERTIFICATE: Advanced Orthopedic Physical Therapy Residency
- Advanced Placement Track leading to a Master's in Physician Assistant Studies  
*Admission limited to graduates of an accredited Bachelor's degree program in Physician Assistant Studies*

#### MANHATTAN PROGRAMS

27 West 23<sup>rd</sup> Street, 6<sup>th</sup> Floor  
New York, NY 10010

- BS Health Sciences/DPT Physical Therapy
- BS Health Sciences/MS Physician Assistant Studies
- BS Health Sciences/MS Occupational Therapy
- AAS Occupational Therapy Assistant
- MPH Master of Public Health

#### MINEOLA PROGRAM

Extension Ctr. at Winthrop University Hospital  
288 Old Country Road • Mineola, NY 11501

- BS Health Sciences/MS Physician Assistant Studies

Revised 10/09

*Touro College admits students of any race, color, sex, national and ethnic origin, and handicap status to the rights, privileges, programs, and activities generally accorded or made available to students at the school.*

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**Please answer all questions.**

1. Student Name: \_\_\_\_\_  
(Please Print) Title: Mr. Mrs. Ms., etc. Family Name First Name Middle Name

Note: Your application will be processed under the name given above. If you were registered at any of the institutions listed below under a maiden name and/or any variations of your name as given above, please write the name here:

\_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

2. Current Address: \_\_\_\_\_  
Number and Street

\_\_\_\_\_ Telephone  
City, State, Zip

\_\_\_\_\_ Business Phone  
Cell Phone

3. Mailing Address: \_\_\_\_\_  
If different than above Number and Street

\_\_\_\_\_ Telephone  
City, State, Zip

4. Date of Birth: \_\_\_\_\_

5. Social Security # : \_\_\_\_\_  
(Optional)

6. Sex: Male  Female

7. I have been a resident of New York State since: \_\_\_\_\_  
Date

8. Citizenship:  United States  Other please specify: \_\_\_\_\_

9. Visa Type:  F1  J1 If Permanent Resident please provide Alien Registration # : \_\_\_\_\_

10. Ethnic background:

African-American  American Indian  Asian American  Hispanic  Caucasian

Other: \_\_\_\_\_

11. Are you a U.S. Veteran?  Yes  No

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12. Name of a relative who is a *Touro College* student or alum and relationship to you:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

13. Have you ever been convicted of a felony? (New York State Professional Licensure may be denied)

Yes  No if yes, please explain: \_\_\_\_\_

14. Secondary School: \_\_\_\_\_  
Name City State

Year of Graduation: \_\_\_\_\_ (YOU MUST HAVE OFFICIAL HIGH SCHOOL TRANSCRIPTS SENT)

15. List all undergraduates Colleges, Graduate and Professional Schools attended  
 (Please list in chronological order)

**(YOU MUST HAVE OFFICIAL TRANSCRIPTS SENT)**

Institution and Campus/Location/State	TYPE OF COLLEGE Prof/Grad/4yr/2yr	NUMBER OF CREDITS	DATES FROM/TO	GPA	MAJOR	DEGREE GRANTED	DATE EXPECTED
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	____/____	_____	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	____/____	_____	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	____/____	_____	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	____/____	_____	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	____/____	_____	_____	_____	_____

16. Are you currently in school? \_\_\_\_\_ Where? \_\_\_\_\_

17. Do you have college credits? 0-60\_\_ 60-90\_\_ 90-120\_\_ Degree(s): \_\_\_\_\_

18. Are you planning to take pre-requisite courses at Touro College?  Yes  No

19. If you attended a foreign school, did you apply for evaluation of your credentials?  Yes  No

20. Have you, since admission to college, been on probation, suspended or dismissed?  Yes  No

If yes, please explain: \_\_\_\_\_

21. SAT score: M: \_\_\_\_\_ V: \_\_\_\_\_ W: \_\_\_\_\_ Date: \_\_\_\_\_ GRE score: \_\_\_\_\_ Date: \_\_\_\_\_

22. If some time elapsed since you last attended school, explain why and indicate how you spent the interval:

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23. Do you feel that your college grades are a true index of your ability? \_\_\_\_\_

If not, what were the factors that prevented your doing better? \_\_\_\_\_

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24. Have you previously applied to this College? If yes: (year) \_\_\_\_\_ (program) \_\_\_\_\_

25. List honors, scholarships or awards received both in and out of school: \_\_\_\_\_

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26. List the significant activities and organizations in which you have participated both in and out of school and offices held, if any: \_\_\_\_\_

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**27. LETTERS OF RECOMMENDATION ON LETTERHEAD**

A. \_\_\_\_\_  
*Name* *Address* *Telephone*

B. \_\_\_\_\_  
*Name* *Address* *Telephone*

C. \_\_\_\_\_  
*Name* *Address* *Telephone*

**28. FINANCIAL AID INFORMATION**

If you plan on requesting Financial Aid, you must file the Financial Aid Form as required by *Touro College*. Federal and, where appropriate, New York State forms, will be sent to all candidates upon request.

**FINANCIAL AID CONTACT INFORMATION:** See directives for your specific program.

29. How did you learn about Touro College School of Health Science's programs?

Alumni/Friend  Program Literature  Newspaper/Radio  Touro College Website  Other Website

**FOR FURTHER APPLICATION PROCEDURES, SEE PROGRAM DIRECTIVES/ SUPPLEMENTAL INSERT**

*I certify that the information above is true to the best of my knowledge.*

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**