

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*____

APPLICATION: *Rolling Admissions*

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 23rd Street, 6th 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? _____

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: _____

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

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