



Signature Page

Your application has been submitted. Please print this page, sign and date it, and send it with a check or money order (made payable to SUNY Upstate Medical University) for \$100.00 to the following address:

SUNY Upstate Medical University
Office of Admissions
1215 Weiskotten Hall
766 Irving Ave
Syracuse, NY 13210

Statement and Signature: I understand completion of this form does not constitute a completed application and that I must submit the required AMCAS application, letter(s) of recommendation, application fee or AMCAS fee waiver and your MCAT scores. I certify that the information is complete and correct to the best of my knowledge and belief. Deliberate falsification or omission of any data in the admissions process may result in denial of admission, or dismissal.

Print Name

Signature

Date

AMCAS ID No:

Remember: You can check the status of your application at any time by returning to: <https://bannerweb.upstate.edu/admissions>. Login as a returning user by using the username and password that was assigned to you.