

State University of New York  
**Upstate Medical  
University**



# College of Medicine



## Transfer Application

**A**dmission to advance standing at SUNY Upstate Medical University College of Medicine is limited to United States citizens or permanent residents who are currently registered, matriculated in good standing, and full time students at medical schools approved by the New York State Department of Education.

Applications are accepted to the third-year class only.

The Admissions Committee takes into consideration as much information as possible. Decisions are influenced by a review of college records, medical school records, letters of recommendation, MCAT scores, personal data, and an evaluation of a personal interview.

## Admissions Requirements

Only applicants who would qualify for admission to the first-year class, in terms of premedical education, will be considered for admission to the third-year class. Applicants must have completed the following courses:

Course	Hours
Inorganic Chemistry including laboratory	6-8
Organic Chemistry including laboratory	6-8
Biology or Zoology including laboratory	6-8
English	6
Physics, including lab	6-8

### Professional Education

In addition to meeting all pre-medical requirements, applicants for admission to the third-year class must have satisfactorily completed all courses, or the equivalent, which comprise the first two years of the College of Medicine's curriculum.

## How To Apply

In order to be considered for transfer to the College of Medicine, you must complete and submit the following documents:

### Transfer Application and Fee

This application must be submitted by April 1 of the year in which you wish to matriculate. An application fee of \$100 must be submitted with the application. Checks should be made payable to *SUNY Upstate Medical University* and sent to:

**SUNY Upstate Medical University  
Office of Student Admissions  
766 Irving Avenue  
Syracuse, NY 13210**

### Letters of Recommendation

#### 1. Health Professions

##### Advisory Committee

This official letter must come from the Health Professions Advisory Committee at your undergraduate institution. In the absence of such a committee, you may submit Letters of Recommendation from faculty members in two different departments with whom you took courses.

#### 2. Medical School Dean

This letter from the Dean's Office of the medical school you are attending must include certification that you are in good standing and eligible for promotion.

#### 3. Clinical Supervisor

This letter is only for applicants who have completed a clinical experience in the United States.

### Transcripts

You must submit official copies of transcripts from all colleges and universities attended. If you attended a foreign school, the documents must be accompanied by a notarized course-by-course evaluation.

### Medical College Admissions Test (MCAT) scores

To have your MCAT scores sent to our College of Medicine, write to MCAT Records, The American College, Testing Program, P.O. Box 451, Iowa City, Iowa 52240 or visit them on the web at [www.aamc.org](http://www.aamc.org).

You must submit official score reports from USMLE Step 1 no later than July 1st. Acceptance to the third year is conditional upon receipt of a passing score on the Step 1 exam.

All questions regarding admission should be addressed to:

**SUNY Upstate Medical University  
Office of Student Admissions  
766 Irving Avenue  
Syracuse, NY 13210  
315-464-4570  
1-800-736-2171**

### Checklist

- Application
- Letter of recommendation from your college Health Professions Advisory Committee
- Dean letter of recommendation
- Supervisor letter of recommendation
- Official transcripts
- MCAT Score Report
- USMLE Score Report
- \$100 application fee payable to SUNY Upstate Medical University

# SUNY Upstate Medical University

## College of Medicine

### Transfer Application



**\$100 Application Fee Enclosed?**  Yes  No

PLEASE TYPE OR PRINT LEGIBLY

**1.** Name \_\_\_\_\_ **2.** Sex: Female  Male   
Last First Middle

**3.** If you have educational records under a different name, give former name(s) \_\_\_\_\_

**4.** Permanent Address \_\_\_\_\_  
No. & Street County  
 \_\_\_\_\_  
City State Zip Code

**5.** Current Address (if different) \_\_\_\_\_  
No. & Street County  
 \_\_\_\_\_  
City State Zip Code

**6.** Phone number ( \_\_\_\_\_ ) \_\_\_\_\_ Cell phone number ( \_\_\_\_\_ ) \_\_\_\_\_  
Area Code Area Code

**7.** Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **8.** E-mail Address \_\_\_\_\_

**9.** Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **10.** Place of Birth \_\_\_\_\_  
Mo. Day Yr.

**11.** Citizenship:  U.S. Citizen  Permanent Resident  Other (specify visa category) \_\_\_\_\_  
 Are you a legal resident of New York State?  Yes  No

**12 a.** All Undergraduate Colleges or Schools Attended. List in chronological order.

NAME OF COLLEGE \_\_\_\_\_  
 CAMPUS OR CITY/STATE \_\_\_\_\_  
 DATES ATTENDED \_\_\_\_\_  JR. or COMMUNITY  SUMMER ONLY  
 DEGREE GRANTED/EXPECTED (DATE) \_\_\_\_\_

NAME OF COLLEGE \_\_\_\_\_  
 CAMPUS OR CITY/STATE \_\_\_\_\_  
 DATES ATTENDED \_\_\_\_\_  JR. or COMMUNITY  SUMMER ONLY  
 DEGREE GRANTED/EXPECTED (DATE) \_\_\_\_\_

**b.** Medical School Attended:

NAME OF MEDICAL SCHOOL \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_  
 DATES ATTENDED \_\_\_\_\_  SUMMER ONLY  
 DEGREE GRANTED/EXPECTED (DATE) \_\_\_\_\_

Indicate the academic calendar of your medical school.

Quarter  Trimester  
 Other (specify) \_\_\_\_\_

**c.** Other Graduate or Professional Schools Attended:

NAME OF COLLEGE \_\_\_\_\_  
 CAMPUS OR CITY/STATE \_\_\_\_\_  
 DATES ATTENDED \_\_\_\_\_  SUMMER ONLY  
 DEGREE GRANTED/EXPECTED (DATE) \_\_\_\_\_

NAME OF COLLEGE \_\_\_\_\_  
 CAMPUS OR CITY/STATE \_\_\_\_\_  
 DATES ATTENDED \_\_\_\_\_  SUMMER ONLY  
 DEGREE GRANTED/EXPECTED (DATE) \_\_\_\_\_

**13.** Have you previously applied for admission to this medical school?  No  Yes Class Entering \_\_\_\_\_

**14.** Will you **be registered** for this spring semester at your current College of Medicine?  Yes  No  
If no, please explain.

**15.** Will you be **in residence** at your current College of Medicine for this spring semester?  Yes  No  
If no, please explain.

**16.** Have you had any clinical experiences in the United States since you started medical school?  Yes  No  
If yes, list hospitals, title, clerkship completed and duration of clerkship (six weeks, etc.)

**17.** Has your education been continuous other than for vacations?  Yes  No  
If no, indicate what you have done while out of school.

**18.** List extracurricular, community, and/or a vocational activities you have participated in during or after college.

**19.** List any academic awards you have received.

**20.** Have you been employed during the regular school year while in college, graduate, or medical school?  Yes  No  
If yes, specify type of work and approximate hours per week.

**a.** Currently

**b.** Previously

**21.** Have you held summer jobs during or after college?  Yes  No  
If yes, specify type of work and year.

**22.** Were you ever required to leave any college, graduate or professional school or denied readmission because of conduct or scholarship deficiencies?  Yes  No  
If yes, explain.

**23.** Have you had any military experience? (If yes, complete the following)  Yes  No

Branch of Service \_\_\_\_\_ Highest Rank \_\_\_\_\_ Entry Date \_\_\_\_\_

Date of Discharge \_\_\_\_\_ Reserve Status \_\_\_\_\_

Are you eligible for veteran benefits?  Yes  No If so, under what law? \_\_\_\_\_

# Academic Record

Name of undergraduate college \_\_\_\_\_

Undergraduate Science GPA \_\_\_\_\_ Undergraduate Total GPA \_\_\_\_\_

## Medical College Admission Test (MCAT)

Test Date	Verbal Reasoning	Physical Sciences	Writing Sample	Biological Sciences

Current medical school \_\_\_\_\_

Dates of attendance \_\_\_\_\_

## National Board of Medical Examiners

**USMLE Step 1**      Date \_\_\_\_\_      Step 1 Score \_\_\_\_\_      Pass(P)/Fail(F) \_\_\_\_\_      Percentile Rank \_\_\_\_\_

If you have not taken the United States Medical Licensing Examination, indicate the date you plan to do so: \_\_\_\_\_

## Personal Comments

Please include your reason for wanting to transfer to the College of Medicine at SUNY Upstate Medical University. Type or print legibly. You may attach a separate sheet.

I understand completion of this form does not constitute a completed application and that I must submit the required letters of recommendation, application fee, MCAT scores, Step1 USMLE score and official transcripts.

I certify that the information submitted in this application is complete and correct to the best of my knowledge and belief. Deliberate falsification or omission of data may result in denial of admission or dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The State University of New York Upstate Medical University does not discriminate on the basis of race, religion, sex, sexual orientation, color, age, national origin, disability, marital status, or veteran status, in the recruitment and employment of faculty, staff, or students, or in the operation of any of its programs or activities, as specified by the federal and state laws and regulations.