



COLLEGE OF MEDICINE Acceptance Reply Form

**TO HOLD YOUR PLACE IN THE FALL 2018 ENTERING CLASS PLEASE RESPOND WITHIN
Two Business Days OF THE RECEIPT OF YOUR ACCEPTANCE LETTER**

I, [Print Full Name] _____ **ACCEPT** the offer of admission to the SUNY Downstate College of Medicine for the entering class of **Fall 2018**.

Were you previously enrolled in a New York State EOP/SEEK/HEOP/College Discovery Program in undergraduate college?

☐ Yes ☐ No

Note: A \$100 Admissions **Deposit within five calendar days of the date of your acceptance**. Your username and password will be sent to you in a separate email. Orientation and registration materials will be mailed under a separate cover.

I, [Print Full Name] _____ **DECLINE** the offer of admission to the SUNY Downstate College of Medicine for the entering class of **Fall 2018**.

Any comments regarding the admissions process? _____

If you are declining, please let us know why you will not be accepting our offer of admission:

PERSONAL INFORMATION (Please Print)

Address: _____
Street Address Apt #

City State Zip Code

Telephone: (Day) _____ (Eve) _____ (Cell) _____

AMCAS ID Number

E-mail Address

Signature

Date

Please return this form to: SUNY Downstate Medical Center
Office of Student Admissions
450 Clarkson Avenue, MSC 60
Brooklyn, NY 11203-2098