



COLLEGE OF MEDICINE Acceptance Reply Form

**TO HOLD YOUR PLACE IN THE FALL 2019 ENTERING CLASS, RESPOND WITHIN
5 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 2019**.

Were you enrolled in a New York State EOP/SEEK/HEOP/College Discovery Program in undergraduate college? ☐ Yes ☐ No

Note: A \$100 Admissions Deposit is due no later than 5 business days of receipt of your acceptance email. Your username and password will be sent to you in a separate email. If you do not submit your admissions deposit and also select **“Plan to Enroll”** or **“Commit to Enroll,”** your acceptance offer will be withdrawn. Orientation and registration materials will be sent under a separate cover.

By signing this form, I certify that I understand my acceptance is conditional upon the following:

- 1) Maintaining Downstate College of Medicine’s Technical Standards
- 2) Continuing to maintain the professional, moral and ethical standards upon which my application was judged
- 3) Continuing to be in good academic standing and meeting any conditions specified on my acceptance letter.

I, [Print Full Name] _____ **DECLINE** the offer of admission to the SUNY Downstate College of Medicine for the entering class of **Fall 2019**.

Any comments regarding the admissions process? _____

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

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