

**COLLEGE OF MEDICINE
2019 ALTERNATE LIST RESPONSE FORM**

**Please complete this form AND email it back to us at medadmissions@downstate.edu
within 5 business days of receipt of this offer**

Name: _____
First, Last

AMCAS ID: _____

- ☐ YES, I would like to have my name placed on SUNY Downstate College of Medicine's Alternate List, for the 2019 entering class. **I have read the school specific policies pertaining to the SUNY Downstate alternate list which were listed in my alternate offer email.**

(Please let us know immediately if at any time in the future, you change your mind about remaining on the list and decide to withdraw.)

In two or three sentences, please tell us why you are interested in attending our College of Medicine

- ☐ NO, I would not like to have my name placed on the SUNY Downstate College of Medicine's Alternate List. Please withdraw my name from consideration for the 2019 entering class.

Signature

ALTERNATE LIST CONTACT INFORMATION

(Indicate all phone numbers where we can reach you from **now** to July 31, 2019– **and remember to keep your preferred mailing and e-mail addresses current with AMCAS**)

Daytime Phone Number: _____
Area code

Evening Phone Number: _____
Area code

Do you authorize us to speak with anyone else if you are not home? If yes, print the name and relationship to you here.

Will you be traveling? If yes, what dates will you be out of town? _____