

Syracuse University

College of Arts & Sciences Advising and Career Services

Intent to Apply

Please print:

Name _____

SUID _____ Email _____

Note: This form must be completed and returned to Office of Advising and Career Services by the first Monday in February during the spring semester before the summer in which you will apply.

When you submit this completed form, you will be placed on our list to:

- Receive Applicant Day materials, which include the steps you need to take to complete your application(s) and the letter process, along with relevant timeline and deadlines.
- Receive a Committee sponsorship letter or a non-sponsorship letter to be sent to schools after you submit your primary application.

1. I am applying for Admission in 20 ____.

2. I am applying to (check and complete as appropriate):

Chiropractic Medicine

Dentistry

Foreign Medicine

Health Administration

Medicine (Allopathic Osteopathic)

Early Assurance _____ (indicate school)

Early Decision _____ (indicate school)

MD/PhD programs

Nursing Accelerated BSN or Accelerated MSN/NP

Occupational Therapy

Optometry

Pharmacy

Physical Therapy

Physician Assistant

Podiatric Medicine

Public Health

Veterinary Medicine

Other program _____ (Post Baccalaureate, Masters, etc.)

Signature* _____ Date _____

**In typing your name in the Signature area, you are virtually signing the above document*