

SYRACUSE UNIVERSITY

College of Arts & Sciences

Advising & Career Services

Intent to Apply

Name _____ SUID _____

Note: This form must be completed and returned to Advising and Academic Support 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** _____ (please indicate program)

3. I am applying to a **Post-Baccalaureate** program for Admission in 20____.

Signature* _____ Date _____

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