

Admission as Special Student with MD degree, or 2 years medical school.

**COLUMBIA UNIVERSITY** *Special Student Application Form*

**College Of Dental Medicine**

630 West 168th Street

New York, NY 10032

**PLEASE PRINT LEGIBLY!**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Name of Medical School**

**Name of Undergraduate Institution, if Applicable**

**Included in this mailing are all requisite materials, which are:**

*Personal Statement:*

*Official Transcripts from:*

*Letters of Recommendation from:*

(include affiliation)

*\$100 Application Fee, made out to Columbia University*

*Official TOEFL Score (mandatory if educated outside US) Official USMLE, Step 1 score*

*(if taken, not mandatory)*

**I hereby attest that all the information provided within my application is true and honest, to the best of my knowledge. I further understand that knowingly presenting falsified information is grounds for rejection and/or dismissal from SDOS.**