NEW YORK INSTITUTE OF TECHNOLOGY
College of Osteopathic Medicine

ACCEPTANCE REPLY FORM

_____
NYIT ID

Name: _____
Last Name **First Name** **Middle Name**

Permanent Address: _____
Street Address **City** **State** **Zip Code**

Home Phone: _____ **Cell Phone:** _____

Date of Birth: _____ **Email:** _____

1. **I ACCEPT** the offer of admission to **NYIT College of Osteopathic Medicine** for the **2022 Entering Class** (Graduating Class of 2026). To reserve my seat, I submitted the required $1,500 **non-refundable** tuition deposit by the date indicated in my acceptance email. I understand that this Enrollment Confirmation Deposit will be credited toward my first-year tuition payment.

2. **I ACCEPT** the terms of the **TECHNICAL STANDARDS FOR ADMISSION AND MATRICULATION** and affirm that I understand and can fulfill them (must check one):

___without accommodations

___with accommodations (if this box is checked, you will be contacted by the NYITCOM coordinator for accessibility services regarding the specifics of your request for accommodation and required documentation. Once the documentation is received, recommendations for accommodations and support services will be considered by the Accommodations Committee).

_____ _____
Signature **Date**

*Complete this form and send as a PDF to the NYITCOM Office of Admissions at comadm@nyit.edu. Other formats *(jpeg, tiff and others)* cannot be accepted.