**APPLICATION FOR ADMISSION**

**Applicants must send this application including:**

Entrance Requirements:

☐ All colleges/universities attended transcripts and degrees

attained - legalized (notarized) copy

☐ Language certificate (TOEFL: 79 IBT, IELTS: 6.0)\*

or official letter from English professor attesting English proficiency

☐ Resume (CV) in English

☐ Medical certificate (vaccinations for MMR and Meningococcal)

☐ Medical Insurance

☐ Electronic (passport) version photo

☐ Passport Copy

☐ Financial Statement or Affidavit of Support for all expenses

(Tuition and Accommodation)

Last Name: Click here to enter your family name.

First Name: Click here to enter your first name.

Gender:  female  male

Marital Status:  single  married

Date of Birth: Click here to enter your DOB.

Current Address: Click here to enter your current address.

City: Click here to enter your city.

Country: Click here to enter your country of origin.

Zip code: Click here to enter your zip code.

Country of Citizenship: Click here to enter country of residency.

Phone number: Click here to enter phone number plus country code.

E-mail address: Click here to enter e-mail address.

Program you wish to apply for: Choose your program.

Start month of program:  January  April  July  September

Start year of program: Click here to enter your start year.

How did you hear about us?  Internet  Friend Alumni  Through my School

Other: Click here to enter other sources.

**Mandatory Essay**

Please submit a brief statement (200 words max) of intent indicating your educational and personal goals, and how you feel your studies at MIM might be instrumental in fulfilling them. What will be your satisfactions, regents, and hopes? This essay will enable the Admissions Committee of MIM to know you as an individual. The Committee is also interested to see how well you are able to express yourself in writing.

Click here to enter text.

I certify that the information I have given on this application is complete and correct to the best of my knowledge. I also understand that if I am accepted to MIM, any admission is subject to verification of all official records from the institutions I have attended, including notice of graduation, when appropriate, and is contingent upon satisfactory completion of all course work prior to entering MIM.

By submitting this form I fully understand that medical coverage is under my responsibility. During my enrollment with the MIM program, I will provide myself with full medical coverage.

By submitting this form I fully understand that New York State health law requires that all college and university students taking classes on campus, regardless of credit load, provide documentation of immunity to measles, mumps, and rubella (MMR) before their first term of study. I will submit completed immunization documentation for MMR upon admission or at least 30 days prior to registering for classes.

Date: Click here to enter a date.

Printed Name: Click here to enter your name.

Signature: Click here to enter text.