

**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 **2021 Entering Class** (Graduating Class of 2025). 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](mailto:comadm@nyit.edu). Other formats (*jpeg, tiff and others*) cannot be accepted.