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THE MEDICAL HONORS PATHWAY PROGRAM APPLICATION

☐ **The Medical Honors Pathway, in conjunction with New York Medical College, Valhalla, NY**
Medical Honors Pathway Fall 2024 Application Deadline: January 16, 2024

Academic Requirements for MHP Applicants:

SAT score of 1400 or higher; or ACT score of 31 or higher; and high school GPA of 95 or higher

First Step: Submit your admissions application by going to touro.edu/apply

Second Step: Complete this application form and submit along with the following to
Jamie Venezia: jamie.venezia@touro.edu (In Us) and to Ora Dauber: orak29@gmail.com (In Israel):

- a) Two general letters of recommendation.
- b) Personal Statement, not to exceed 500 words (approximately 5,300 characters), on why you are interested in a career in medicine and enrollment in the Medical Honors Pathway.

Please note, the recommendation letters and the personal statement for the MHP Program, are in addition to the essay that is required for general college admission. Once a completed application is received, you will be contacted for a personal interview with a campus Dean.

1. Name (please use legalname):

Last	First	Middle	Preferred/ Hebrew
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2. Email address: _____@_____

3. U.S. Mailing Address: _____

4. Last four digits of your Social Security#: _____ Touro ID # (If known): T00

6. Telephone Numbers:

Home: _____ Cell: _____ Israel Cell: _____

7. High School: _____ GPA: _____

8. Seminary / Yeshiva (if currently attending): _____

9. Please indicate if you took or are planning to take the following standardized tests. Fill in your scores where available. (Please be sure to have official copies of your scores sent to Touro University, Office of Admissions, 1602 Avenue J, Room 207, Brooklyn, NY 11230).

A. SAT Exam:

Date:	_____	Date:	_____
Critical Reading:	_____	Critical Reading:	_____
Math:	_____	Math:	_____

B. ACT Exam

Date:	_____	Date:	_____
Composite Score:	_____	Composite Score:	_____
English:	_____	English:	_____
Math:	_____	Math:	_____
Science:	_____	Science:	_____
Writing:	_____	Writing:	_____

10. What awards and/or honors have you received in high school? (Please include dates)

For more information, please contact:

In U.S.:

Jamie Venezia | jamie.venezia@touro.edu | 718.535.9265

In Israel:

Ora Dauber | orak29@gmail.com | 058.629.7453

Medical Honors Pathway Application: Personal Statement

Submit a personal statement of no more than 5,300 characters as to why you are interested in a career in medicine and enrollment in the Medical Honors Pathway. Any sources you quote must be cited.

Medical Honors Pathway

The Medical Honors Pathway is an eight-year program (seven-years if one year was spent in seminary/ yeshiva prior to undergraduate enrollment) that includes up to four years of undergraduate study at one of the Lander College campuses in New York and four years of medical school at New York Medical College, in Valhalla, NY, contingent upon the completion of specific academic benchmarks. Please see the Medical Honors Pathway brochure for further details.

Questions regarding the Medical Honors Pathway portion of the Honors application process should be directed to:

Jamie Venezia
Lander College of Arts & Sciences
1602 Avenue J, Room 202
Brooklyn, NY 11230
jamie.venezia@touro.edu
(718) 252-7800 x 59265

Medical Honors Pathway

A. What experience have you obtained so far with regard to the health sciences?

B. Applicants to the Medical Honors Pathway must provide documentation about his or her clinical or research experience. If additional space is needed, feel free to add additional pages.

1-Experience Name	Experience Type (Research, Clinical Volunteer, Non-Clinical Volunteer, Etc.)	Start And End Dates (Month/Year)	Average Hours Per Week During That Period	Contact Name And Title	Organization Name
Experience Description:					



**NEW YORK
MEDICAL COLLEGE**
A MEMBER OF THE TOURO COLLEGE
AND UNIVERSITY SYSTEM



APPLICANT'S LETTER OF RECOMMENDATION

Student Section (Please type or print)

Last Name: _____ First Name: _____ Middle Initial: _____

Maiden / Other Name: _____ Touro ID Number (if known): T00 _____

I hereby waive my right of access to this recommendation.

I do not waive my right of access to this recommendation.

Signature: _____ Date: _____

Respondent's Section (Please print or type)

Last Name: _____ First Name: _____ Title: _____

Signature: _____ Date: _____

Organization: _____ City, State, Zip: _____

To the Evaluator: The person named above has applied for admission to an Honors Program at a Lander College Campus in New York, and has asked you to evaluate his/her ability to perform exceptional undergraduate work. If the applicant has not waived the right to review this rating form, you should consider it non-confidential. Please return the completed form in a sealed and signed envelope.

1. How long have you known the applicant and in what capacity? (Give dates, if possible.)

2. Rate the applicant in each area listed below in comparison with high school seniors.

	Upper 2%	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis to judge
Intellectual Ability						
Oral Expression						
Written Expression						
Motivation/Initiative						
Cooperation						
Emotional Maturity						
Dependability						
Flexibility						

3. (For teachers of applicant only) I would rank this applicant in:

the top _____% of the approximately _____ high school students I have known.

4. Estimate of potential (please select the appropriate answer):

as an undergraduate: Outstanding Good Above Average Average Below Average

as a professional: Outstanding Good Above Average Average Below Average

5. Recommendation concerning admission (check one):

- I recommend the applicant with confidence.
- I recommend the applicant with reservation. (Please explain in item #6)
- I do not recommend the applicant. (Please explain in item #6)

6. Please provide an additional assessment of the applicant's potential for success as an undergraduate student. Include any particular strengths and weaknesses. We appreciate your candid appraisal. You may use your own letterhead or this sheet.