



**NEW JERSEY
MEDICAL SCHOOL**

University of Medicine & Dentistry of New Jersey

I am happy to accept the place reserved for me in the first-year entering class of the New Jersey Medical School matriculating in August 2012. I agree to abide by all the rules, regulations, policies and requirements established by UMDNJ and/or NJMS and to provide appropriate documentation as requested.

Enclosed is my deposit of \$100 (check or money order only) made payable to New Jersey Medical School. I am aware that this acceptance deposit will be applied towards my first year's tuition following my matriculation at NJMS.

Name (Please Print)

Signature

AMCAS ID #

Date