



College of  
Osteopathic  
Medicine

Please Check the Campus You Will Be Attending:

Old Westbury

Arkansas

Registration Form  
Academic Year: **2024-25**

(New Students-  
Class of 2028)

Name: \_\_\_\_\_  
Last First Middle

Marital Status:  Single  Married

Gender:  Male  Female  Intersex  Unknown

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Legal State of Residence: \_\_\_\_\_ Class of: \_\_\_\_\_

**ALL MAIL WILL BE SENT TO THIS ADDRESS**  
**ADDRESS**

Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**In case of Emergency Contact:**

_____	_____	_____
Name	Telephone	Relationship

**Military Status:**  Active  Active Reserve  Reserve

**Branch:**  Army  Navy  Air Force  Marines  Coast Guard  National Guard

**Ethnicity (Optional):**  Hispanic/Latino  Non-Hispanic/Latino

**Race (Optional):**  Black/African American  Hawaiian/Pacific Islander  White  
 Asian  American/Alaska Native

Have you been convicted of a misdemeanor or felony or have an outstanding arrest prior to determination?  Yes  No

If yes, please describe the specific nature, year, location and disposition to date of the charge:

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Failure to provide required information to the college or submission of false information will be considered a violation of the student Code of Conduct and will result in appropriate disciplinary action.

Have you ever been Reprimanded, Admonished, or had a License Suspended or Revoked by any Professional Licensing Authority or Board? Failure to provide required information to the college or submission of false information will be considered a violation of the Student Code of Conduct and will result in appropriate disciplinary?  Yes  No

If yes, please describe the specific nature year, location and disposition to date: \_\_\_\_\_

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By authorizing a registration or by dropping and/or adding or withdrawing or being dismissed from the courses I registered for this semester, I agree to be charged in accordance with the schedule set forth in [NYIT's online catalogs](#) and [nyit.edu](#) with respect to payment of tuition and fees, refunds, dropping and adding courses, and, withdrawal and dismissal policies and procedures. I agree to be bound by this registration form and abide by NYIT's rules and regulations set forth in NYIT's online catalogs and nyit.edu. I agree to pay my debt to NYIT for any amounts due for tuition and fees and other charges. If my charges are not paid when due, I agree to pay NYIT all fees and costs associated with the collection of my delinquent account. In addition to payment of the principal amount due, the additional fees and costs may include collection agency fees constituting 33 to 50 percent of the principal amount due if NYIT engages a collection agency to collect payment; legal fees of 33.3 percent of the principal amount due if NYIT engages legal counsel to collect payment; any and all interest on the outstanding balance at the maximum legal rate allowed by law and; any and all other costs associated with collection of the amount due NYIT. I understand my obligation to pay these additional fees and costs associated with collection of my delinquent Account

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

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