

## **Visitor/Visiting Student Housing Application**

**Real Estate Division** 

The Mount Sinai Medical Center 1249 Park Avenue, 1st Floor

New York, NY 10029 Tel: (212) 659-9630

PLEASE INDICATE
VISITOR  VISTING STUDENT* (Decument attendance de provincio de provinc
VISTING STUDENT* (DOCUMENTATION MUST BE PROVIDED FROM CURRENT SCHOOL'S REGISTRAR'S OFFICE)
Today's Date:  Month/Day/Year
Please email this application to <a href="mailto:housing@mountsinai.org">housing@mountsinai.org</a> or <a href="mailto:cynthia.morales@mountsinai.org">cynthia.morales@mountsinai.org</a> .
This application <u>must</u> be accompanied by an Acceptance Letter from a sponsoring Mount Sinai office or department.
Last (Family) Name
First Name
Male Female
CURRENT Contact Information: Street Address/Apt #: City and State: Zip Code: Country: Email Address: Telephone Number:
Date you start your study:  Month/Day/Year  Mount Sinai Department (Please be specific): Departmental contact person and phone number:
Date Housing is needed: From:  To:  Month/Day/Year  Month/Day/Year

We offer Private Bedrooms Only in a 3-4 bedroom apartment with Shared Common Spaces (Living Room, Kitchen and Bathroom) and wi-fi access. No overnight guests or family permitted. Your accommodations will have furniture. Bed Linens, pillows, towels, blankets, kitchen utensils, bathroom supplies, telephone or television are NOT provided. Current Rates: \$38.35 Daily/\$1,150.00 Monthly\*\*.

Smoking is NOT permitted. \*\*Rate Subject to Change.

Please Note: Housing is based on availability during the requested timeframe (maximum stay 90 days). If eligible, housing assignment confirmations will be sent via email approximately thirty (30) to forty-five (45) days prior to the requested start date. \*Visiting PhD Students only requesting accommodations beyond 90 days will be required to submit additional documentation for review and approval.