Visitor/Visiting Student Housing Application

Icahn
School of
Medicine at
**Mount
Sinai**

PLEASE INDICATE

☐ **VISITOR**

☐ **VISTING STUDENT*** (Documentation must be provided from current school's registrar's office)

Application Date: _____

Please email this application to housing@mountsinai.org or cynthia.morales@mountsinai.org.

This application __must__ 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 in a 3-4 bedroom apartment with Shared Common Spaces (Living Room, Kitchen and Bathroom), including 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 Rate: $50 Daily/$1,500.00 Monthly**.**

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

Please Note: Housing is based on availability during the requested timeframe (90-day maximum). If eligible, housing assignment confirmations will be sent via email approximately 30 to 45 days prior to the requested start date.

***Visiting PhD Students** requesting accommodations beyond 90 days will be required to submit additional documentation for review and approval.