



# Visitor/Visiting Student Housing Application

**Real Estate Division**  
The Mount Sinai Medical Center  
1249 Park Avenue, 1<sup>st</sup> Floor  
New York, NY 10029  
Tel: (212) 659-9630  
Fax: (212) 831-3093

**PLEASE INDICATE**

**VISITOR**

**VISTING STUDENT\*** (DOCUMENTATION MUST BE PROVIDED FROM CURRENT SCHOOL'S REGISTRAR'S OFFICE)

Today's Date:  
Month/Day/Year

Please email this application to [housing@mountsinai.org](mailto:housing@mountsinai.org) or [cynthia.morales@mountsinai.org](mailto:cynthia.morales@mountsinai.org) or fax to (212) 831-3093.

**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: Month/Day/Year To: 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 daily rate is \$36.50\*\*.**

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

**Please Note:** Housing is based on availability during the requested timeframe. If eligible, housing assignment confirmations will be sent via email approximately forty-five (45) to sixty (60) days prior to the requested start date. \*Visiting PhD Students will be required to submit additional documentation for review and approval.