

Clearance from the Real Estate Division for Deposit

****note MSTP Students do not need to fill out this form****

Box 1022

| | | | |
|--|-----------------|------------|-----|
| Student | | | |
| | Last Name | First Name | SS# |
| Dissertation Advisor | | | |
| | Date of Defense | | |
| <p><input type="checkbox"/> I expect to deposit no later than 5 weeks after my defense and will vacate the Icahn School of Medicine at Mount Sinai (ISMMS) housing at that time. I understand that I MUST submit a Vacate Form to the Real Estate Office.</p> <p><input type="checkbox"/> I expect to vacate the ISMMS housing within 5 weeks of depositing my dissertation. I expect to deposit my dissertation by _____ . I understand that I MUST submit a Vacate Form to the Real Estate Office.</p> <p><input type="checkbox"/> I have submitted a Vacate Notice and have cleared my account with the Real Estate Division.</p> | | | |

Request for extension of housing privileges

| | |
|--|---|
| <i>I am aware that I may be asked to relocate to another housing unit</i> | |
| <input type="checkbox"/> I am requesting housing privileges until | |
| | Expected Date |
| for the following reason: _____ | |
| My new title at ISMMS will be | |
| | in _____ Department |
| The PI on my salary source will be Dr. | |
| | Last Name, First Name in _____ Department |

Guarantee for payment of rental costs for the duration of the extension *Check one*

| | | |
|--|--------------------------|--------------------------------------|
| <input type="checkbox"/> The cost for the rental unit will be paid by direct payroll deduction until I vacate the unit. | | |
| <input type="checkbox"/> I have paid, in advance , the cost for the unit for the duration of stay. | | |
| The following information MUST be provided for this request to be considered | | |
| The cost of the rental unit will be guaranteed by Dr. | | |
| | from _____ Fund Source** | |
| By signing below, I authorize the Real Estate Division to charge this budget/unrestricted fund in the event that the above-named person moves out leaving damages or unpaid fees. If the account is paid in full by the above-named person, no charge will be made to the fund source. | | |
| | | |
| Print Name of Guarantor | Signature of Guarantor | Date |
| **If this fund source is 02-53 through 02-59, then John Persaud (or his designee) must authorize this charge by signing here | | |
| | | |
| Signature | Date | |
| This student has been cleared by the Real Estate Division for graduation | | |
| | | Real Estate Personnel Signature/Date |