

The Medical Honors Pathway is an integrated track that includes your undergraduate study at Lander College for Women and four years of medical school at New York Medical College, in Valhalla, NY, contingent upon the completion of specific academic benchmarks. Please see the Medical Honors Pathway brochure for further details.

**Deadlines:**

**LCW Honors Program (HP) Early Deadline: Monday, November 3, 2025**

**Medical Honors Program (MHP) Deadline: Friday, December 19, 2025**

*Students who are applying to the MHP must apply to the Honors Program by the Early Application Deadline (November 3, 2025).*

## Medical Honors Pathway Application

*(after applying to the Lander College for Women Honors Program)*

- MHP Application Form:** Complete and submit this application form directly to the LCW Admissions Office (sarah.klugmann@touro.edu).
- Two letters of recommendation** attesting to the maturity and qualifications of the applicant for the Medical Honors Pathway, including the applicant's capability in understanding and applying scientific information. At least one recommendation letter must be written by a physician or by the head of a research lab (with Ph.D. credentials) who supervised your clinical or research experience. (If these letters were already sent as part of your Honors Program application, it is not necessary to submit additional letters for the Medical Honors Pathway.) Recommendation letters must be submitted on your behalf directly by your referees to the LCW Admissions Office (sarah.klugmann@touro.edu).
- Three essays:**
  - Two essays from the Honors Program application prompts, to be submitted with your Honors Program application. Note: One of the two Honors Program application essays must describe your research and what you gained from the experience (Prompt #6).
  - One essay (not to exceed 5,300 characters) discussing why you are interested in a career in medicine and enrollment in the Medical Honors Pathway, to be submitted with your MHP application (below).

1. Name (please use your legal name): ☐ Ms. ☐ Mrs.

\_\_\_\_\_  
Last First Middle/Maiden Preferred/Hebrew

2. Last 4 digits of your Social Security number: \_\_\_\_\_ 3. Touro ID# (if known): T00 \_\_\_\_\_

4. Email Address: \_\_\_\_\_ @ \_\_\_\_\_

5. Telephone: \_\_\_\_\_  
Home Cell Israel Cell (if applicable)

6. High School: \_\_\_\_\_ 7. Seminary: \_\_\_\_\_  
(if currently attending)

8. SAT Exam OR ACT Exam  
Date: \_\_\_\_\_ Date: \_\_\_\_\_  
Critical Reading: \_\_\_\_\_ Composite Score: \_\_\_\_\_  
Math: \_\_\_\_\_

9. Experience: **Complete the next 2 pages** detailing your experience in the health field.

**Also, please remember to submit your essay on the last page of the application.** \_\_\_\_\_ >

**For more information, please contact:**

**In U.S.:**

**Sarah Klugmann | sarah.klugmann@touro.edu | 212.520.4263 | Fax 212.634.2211**

**In Israel:**

**Mindy Ackerman | mfeuer@touro.edu | 053.961.6627 | Whatsapp: 516.840.1365**

---

## Medical Honors Pathway Application: Experience

10. Experience. Please provide information about your clinical or research experience. If additional space is needed, feel free to add additional pages. Details about your clinical or research experiences are critical to the application process.

**What experience have you obtained so far with regard to the health sciences?**

- I. Experience Type (Research, Clinical Volunteer, Non-Clinical Volunteer, etc.)

Start and End Dates (Month/Year)

Average Hours Per Week During That Period

Contact Name and Title

Contact Phone/Email Address

Facility/Organization Name

Address

Experience Description

- II. Experience Type (Research, Clinical Volunteer, Non-Clinical Volunteer, etc.)

Start and End Dates (Month/Year)

Average Hours Per Week During That Period

Contact Name and Title

Contact Phone/Email Address

Facility/Organization Name

Address

Experience Description

---

## Medical Honors Pathway Application: Experience

III. Experience Type (Research, Clinical Volunteer, Non-Clinical Volunteer, etc.)

Start and End Dates (Month/Year)

Average Hours Per Week During That Period

Contact Name and Title

Contact Phone/Email Address

Facility/Organization Name

Address

Experience Description

IV. Experience Type (Research, Clinical Volunteer, Non-Clinical Volunteer, etc.)

Start and End Dates (Month/Year)

Average Hours Per Week During That Period

Contact Name and Title

Contact Phone/Email Address

Facility/Organization Name

Address

Experience Description

---

## Medical Honors Pathway Application: Personal Statement

11. Submit a personal statement of no more than 5,300 characters as to why you are interested in a career in medicine and enrollment in the Medical Honors Pathway. Any sources you quote must be cited.

Full Name: \_\_\_\_\_

---

## Medical Honors Pathway Application: Personal Statement (cont'd)

Full Name: \_\_\_\_\_