

**Science, Medicine and Related Topics (SMART)  
Summer 2024 Accompanying Documentation Cover Sheet**

Use this form if you are mailing/returning in person: required documents or making payments. More than one document/payment may be included with a single cover sheet.

**It is necessary for this form to accompany any documentation/payment in order to properly match documents with applicant files and credit accounts appropriately.**

<b>To the applicant/parent/guardian:</b> This section must be completed by in order to match documents to applicant files.			
Applicant's Name:		Date of Birth:	
Last	First	Middle Initial	mo / day / year
Address:			
Street	City	State	Zip Code
Applicant's Phone Number:	( ) -	Applicant's Email Address:	
Parent/Guardian's Phone Number:	( ) -	Parent/Guardian's Email Address:	

Please check the box next to the appropriate selection(s)

**Accompanying Documentation:**

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Transcripts | <input type="checkbox"/> Parent Consent Form         |
|                                      | <input type="checkbox"/> Teacher recommendation form |

Number of pages (including cover) \_\_\_\_\_

**Mail or deliver to:** New Jersey Medical School  
 The Office for Diversity and Community Engagement  
 Attn: SMART Program  
 185 South Orange Avenue  
 MSB B-624  
 Newark, NJ 07103

**Or Email to:**  
[smartprogram@njms.rutgers.edu](mailto:smartprogram@njms.rutgers.edu)

**Emails are preferred**