



Albert Einstein College of Medicine

Albert Einstein College of Medicine  
Office of International Services  
1300 Morris Park Ave.,  
Belfer 1201 Bronx, NY 10461  
(718) 430-2850

## Request for Letter of Invitation

Your Name: \_\_\_\_\_  
Family Name First Name

Dept.: \_\_\_\_\_ Status: \_\_\_ Faculty \_\_\_ Post-Doc \_\_\_ Student \_\_\_ Visiting Scientist

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Information about the family member you are inviting:

1. \_\_\_\_\_  
Family Name First Name

Relationship to you: \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month Day Year

Place of Birth: \_\_\_\_\_  
City Province Country

2. \_\_\_\_\_  
Family Name First Name

Relationship to you: \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month Day Year

Place of Birth: \_\_\_\_\_  
City Province Country