

TO PRE-HEALTH STUDENT: Fill out top half of form only! Submit whole form to the Pre-Health Secretary.

University at Albany
Advisement Services Center
Pre-Health Committee
LI 36
Albany, NY 12222

Concerning _____ I.D. # _____
(last) (first) (middle)
in regard to personal qualifications for medical school and the practice of medicine.

STATEMENT OF STUDENT: I request that this form be sent to the Pre-Health Committee of the University at Albany with the understanding that it may be used in preparing my Pre-Health Evaluation. It is further understood that I may not read this form and that I will not seek to do so, either while I am enrolled at the University at Albany or subsequently. I understand that if I receive a penalty of Probation or more at any time, the Office of Judicial Affairs will so inform the Pre-Health Committee and it, in turn, will so inform the medical schools to which I have applied.

Date _____ Signature _____

To the Office of Judicial Affairs: Your comments may be used in the preparation of the University at Albany Pre-Health Committee evaluation of this student. The importance of this form both to the student and to the reputation of the University at Albany cannot be over-emphasized. Prompt completion of this form will be appreciated by both the applicant and the Committee, because our evaluation cannot be prepared until this report is received. Thank you very much indeed for your help.

(PLEASE DO NOT COMPLETE THIS FORM UNTIL THE END OF THE SPRING TERM FOR A STUDENT CURRENTLY ENROLLED.)

Has the student ever been placed on probation, suspended or expelled? Yes _____ No _____
Are any disciplinary charges pending? Yes _____ No _____

If the answer to any of the above questions is a "yes," please explain.

(please continue on reverse side)

Name _____ Address _____

(type or print)

Position _____

Signature _____ Date _____

Send to: Pre-Health Advisor
Advisement Services Center
LI 36