

REGISTERING WITH THE HEALTH PROFESSIONS COMMITTEE

Application to Professional School

Goal: Medical, Dental, Veterinary, Osteopathic, Podiatry School

Fill-out Application “Part I” and Identification of 4-5 Evaluators: *Identify those faculty that you believe will give you the best evaluation and then turn in the one page "Part I: Preliminary Information for the Health Professions Committee" (included in this packet to Professor Craig Woodworth. Please read over “Part I” carefully before signing. Most students waive their right of access to the evaluation letter, however, it is your right to retain your ability to read the evaluation letter.*

Performance Evaluation Forms: *Performance Evaluation Forms are to be distributed to your faculty evaluators. The Performance Evaluation Form must be accompanied by a resume and must be distributed as soon as possible at the beginning of the junior year spring term. Make sure you fill out the top portion of the Performance Evaluation Form, including the waiver information, before giving it to the faculty evaluator.*

Return Application “Part II”: *Please note that it is important to have a personal statement written. Please return “Part II” to Professor Woodworth before January 30th of the year you plan to apply to professional school.*

PART I: PRELIMINARY INFORMATION--Goal _____

PLEASE COMPLETE AND RETURN TO: Craig Woodworth, Room 210 Science Center, Box 5805

Full Name (Print): _____ **Date:** _____ **Age:** _____

Student Number: _____ **State of Legal Residence:** _____

Home Address: _____ **Home Phone:** _____

_____ **Social Security #** _____

Local Address: _____ **Local Phone:** _____

Local E-Mail Address: _____

Date of Expected Graduation from Clarkson: _____ **Date of Proposed Entrance to School:** _____

Major(s): _____

To the Student: *I understand the Health Professions Committee has access to my transcript and my test scores, and it may request a report from the Dean of Students concerning any disciplinary action in which I have been involved. By returning and signing this form, I indicate that I fully understand that my letter of evaluation from the Committee will be based on the completed Performance Evaluations which I will request from faculty. I further understand that my letter of evaluation will reflect the opinions of the writers and may contain favorable and/or unfavorable comments and assessments. I grant permission for the Committee representatives to see my academic record for purposes of this evaluation, and I authorize the Committee to prepare an evaluation letter for me for the purposes of applying to professional school.*

Signed _____

Under the federal Family Educational Rights and Privacy Act of 1974, students may have access to material such as letters of evaluation written on their behalf by the instructors. Students may choose, however, to waive this statutory right. Please sign on the appropriate line below indicating whether or not you waive your right of access.

I waive right of access to the Health Professions Committee Evaluation.

I retain right of access to the Health Professions Committee Evaluation.

Signed _____

Signed _____

List the 3-5 Clarkson University faculty who you have chosen to fill out evaluation forms for _____
School (they must agree to write the letter of evaluation). Two should be from an area of science.

	TITLE, FULL NAME	POSITION	DEPARTMENT
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____