

## Pre-Medical File Information Form: Deadline August 1

*For use by students who have **not** previously had a GSU Pre-Medical Faculty Advisory Committee letter written.*

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

Panther ID Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

GSU Major: \_\_\_\_\_

**If post-baccalaureate:**

University: \_\_\_\_\_ Major: \_\_\_\_\_

Have you started a pre-medical file with Georgia State University? \_\_\_\_\_ If so, when? \_\_\_\_\_

Have you had any letters of recommendation sent to our office? \_\_\_\_\_

What year are you planning to apply to professional schools? \_\_\_\_\_

What type of professional school do you plan to apply to? (Please check one)

Medical  Osteopathic  PA  Pharmacy  Vet  Dental  Other: Specify \_\_\_\_\_

Are you applying for Early Decision? \_\_\_\_\_ If yes, to which school? \_\_\_\_\_

**Preferred Initiator:** \_\_\_\_\_

This is not a guarantee.

**GSU Science Professor References:** At least three GSU and/or PC science professor recommendation letters are required, preferably from more than one discipline (BIO, CHEM, PHYS, NEUR, PSY).

Name: \_\_\_\_\_ Course(s) \_\_\_\_\_

Name: \_\_\_\_\_ Course(s) \_\_\_\_\_

Name: \_\_\_\_\_ Course(s) \_\_\_\_\_

**Outside References:** You must have at least two additional evaluators.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

*Please list all of the references you plan to use when you turn in this application. Once we have received all of the recommendation letters and all other documents requested, your file will be reviewed by the Pre-Medical Faculty Advisory Committee. Please notify your pre-medical advisor if you wish to change your list of references.*

## FERPA Educational Rights and Information Waiver

College of Arts and Sciences | Office of Academic Assistance | P.O. Box 4100 | Atlanta, GA 30302-4100

I have elected to pursue a pre-medical concentration in my course of study at Georgia State University and understand that medical school applicants are required to have a composite evaluation and ranking submitted on their behalf by their undergraduate institutions. Because the Family Educational Rights and Privacy Act (FERPA) protects my educational records from disclosure unless I give my consent, I authorize Georgia State University to disclose my educational records to the medical schools in which I intend to apply.

Upon request, the College of Arts and Sciences, Office of Academic Assistance at Georgia State University creates a pre-medical file for all Georgia State pre-medical students for the purpose of gathering evaluations, rankings, and letters of reference that pre-medical students choose to solicit from persons such as professors, employers, etc. These submissions are then reviewed and compiled into a composite committee letter by the university's Pre-Medical Faculty Advisory Committee. Each pre-medical student's composite committee letter is then uploaded to the appropriate database in which medical or dental schools are able to view.

I, (print full name) \_\_\_\_\_, hereby choose to WAIVE my privacy rights, including but not limited to my rights under FERPA, and do authorize the disclosure of (1) any and all educational records and information to the Office of Academic Assistance and the Pre-Medical Faculty Advisory Committee by such university personnel as I choose to ask for evaluations, rankings, and letters of reference; and (2) my committee letter to medical or dental institutions for evaluation purposes.

By signing below, I hereby acknowledge that I have read, or have read to me, the above statements and I understand them as they apply to me. I hereby certify that I am eighteen (18) years of age or older, suffer under no legal disabilities, and that I have freely and voluntarily signed this Educational Rights and Information Waiver.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

## Institutional Composite Letter Restriction Form

Under department policy, students using the OAA Pre-Medical Application Program are not allowed access of any kind to the Institutional Composite Letter of Recommendation, more commonly known as the committee letter, which consists of a compilation of each student's letter of recommendation, along with an evaluation by the GSU Pre-Medical Faculty Advisory Committee.

This composite committee letter is developed on the student's behalf, and will only be used as part of the application process into the health professional program identified on the Pre-Medical File Information Form. The student will not have access to the composite committee letter under any circumstances.

By signing below, I (Print Name) \_\_\_\_\_, understand the restrictions surrounding the Institutional Composite Letter of Recommendation.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date