

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

*For use by students who have previously completed a GSU pre-medical file and have had a composite committee letter written by the GSU Pre-Medical Faculty Advisory Committee.*

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

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

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

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

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

What year was your last GSU Pre-Medical Faculty Advisory Committee letter written? \_\_\_\_\_

What year do you plan to re-apply to a professional school? \_\_\_\_\_

**IMPORTANT: Two additional letters of recommendation are REQUIRED if you would like an updated Pre-Medical Faculty Advisory Committee letter to be written.\***

Please initial the appropriate box:

- I WILL NOT SUBMIT ADDITIONAL LETTERS OF RECOMMENDATION
- I WILL SUBMIT AT LEAST TWO REQUIRED ADDITIONAL LETTERS OF RECOMMENDATION\*

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

**This is not a guarantee.**

\*If submitting additional letters, please list references:

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

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

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

**NOTE: Our office also requires a Letter Request, if applicable, and Application Report for the new application cycle. If requesting a new committee letter, the report must be VERIFIED (AMCAS only).**

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

\_\_\_\_\_  
Date

*\*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 professional 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 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 particular professional 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 composite letter to professional 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