

Elizabethtown College Health Professions Advising Program Student Life Clearance

To the Student: Fill out items 1 through 3, sign your name, and submit this form to Janice Davis, Administrative Assistant in the HPAC Office located in Masters Center, Lyet Wing, Room 143.

1. Student Name _____

2. College ID Number _____

3. Post Office Box _____

I understand that the Health Professions Advisory Committee will periodically request a review of my confidential record held in the Dean of Students' Office. This file includes any record of student conduct hearings, findings and sanctions. Furthermore, I acknowledge that this request is a required component of the Elizabethtown College Health Professions Advising Program.

Student's Signature _____ Date _____

To the Dean of Students: Please complete items 1 through 4 below and submit the completed form to Dr. Aaron L. Cecala, Chair of the Health Professions Advisory Committee (HPAC). Please call x1341 with any questions.

The above named student plans to apply to a health professions related graduate program as part of Elizabethtown College Health Professions Advising Program. Law schools and examiners of state bars require applicants to meet various fitness & character requirements. To facilitate the application process, please complete the following:

1. Has the candidate ever been found responsible for a violation of the student code of conduct?

Yes ____ No ____

If yes, please explain:

2. Has the student/applicant complied with all student conduct sanctions (if applicable)?

Yes ____ No ____

If no, please explain:

3. Is the student/applicant currently in good standing in regard to Student Life records?

Yes ____ No ____

If no, please explain:

4. Would you like to arrange a meeting with the HPAC Chair to further discuss this student's record?

Yes ____ No ____

Signature _____ Date _____

Dean of Students (or designee)