

Elizabethtown College Health Professions Advising Program Academic Clearance

To the Student: Fill out items 1 through 3, sign your name, and submit this form to Janice Davis, Administrative Assistant, HPAC Office located in the Masters Center, Lyet Wing Room 241.

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 academic record, which includes grades, class schedules, academic standing notifications, academic integrity reports, and other records relating to my performance and progress at Elizabethtown College. Although FERPA may permit release of this material under certain conditions (i.e., right to know by another college official in the conduct of their position), my signature below acknowledges my consent to such release as a required component of the Elizabethtown College Health Professions Advising Program.

Student's Signature _____ Date _____

To the Associate Academic Dean: Please complete items 1 through 2 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. These schools require applicants to meet various character requirements. To facilitate the application process, please complete the following:

1. Has the candidate ever been found to have plagiarized or engaged in other incidents of academic misconduct?

Yes ____ No ____

If yes, please explain:

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

Yes ____ No ____

Signature _____

Associate Academic Dean/Registrar (or designee)

Date _____