

THE PENNSYLVANIA STATE UNIVERSITY
BRANDYWINE

ACCELERATED POSTBACCALAUREATE MEDICAL SCIENCES PROGRAM
25 YEARSLEY MILL ROAD
MEDIA PA 19063

REQUEST FOR COMPILED PREPROFESSIONAL EVALUATION
(FOR COMMITTEE USE ONLY)

I hereby voluntarily waive and relinquish any right of access to this confidential committee letter of evaluation.	I retain my right of access to this committee letter of evaluation.
Signature _____	Signature _____
Date _____	Date _____

-Please Type or Print-

Name _____
Last First Middle PSU ID #

Address _____
Street City State Zip

E-Mail Address _____ Phone Number _____

Names and Contact Information for References

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

ACCELERATED POSTBACCALAUREATE MEDICAL SCIENCES PROGRAM
COMMITTEE
SIGNATORY FOR FERPA COMPLIANCE.

A. For Transmitting Letters of Evaluation and Recommendation:

I authorize the Accelerated Postbaccalaureate Medical Sciences Program Committee, Penn State Brandywine, to transmit such information and letters of recommendation in support of my applications to professional schools. I release Penn State University and its individual staff members from civil liability for any damages sustained by me by reason of their respective functions and services in fulfillment of this request.

Signature: _____

Print Name: _____

Date: _____

B. Disciplinary Actions/Professional School requesting transmittal of Penn State record.

Sometimes a Professional School Admissions Office will contact our office requesting information on Penn State “institutional actions” or “disciplinary records” regarding an applicant. We ask that you read and initial, sign and date the following.

Have you been the subject of any Penn State “institutional action”, such as (but not limited to) a Judicial Affairs hearing, violation of Academic Integrity or Code of Conduct infraction at Penn State University?

No ___ Yes ___

Because this office may be asked by professional schools to address this issue, we ask you to confirm that you it is your wish that our office convey your “Disciplinary Record” on your behalf to the schools that you have applied to that are requesting this information.

___ **No**, do not communicate my disciplinary record(s) to professional schools.

___ **Yes**, please provide my disciplinary record(s) to professional schools that have requested this as part of my application for admission.

PSU ID number: _____ Date: _____

Print your name: _____

Signature: _____