Pre-Professional Evaluation Agreement

(Submit to 107 Scates Hall)

Or by email to cwsacks@memphis.edu

I have read the Pre-Professional Evaluation Packet in its entirety and understand the following:

\_\_\_\_ It is my responsibility to complete each step outlined in the Pre-Professional Evaluation Checklist.

\_\_\_\_ I understand that I must meet minimum GPA and MCAT standards in order to qualify for a Pre- Professional Committee Letter.

\_\_\_\_ By failing to meet established deadlines, I understand that I will be ineligible for review by the Pre-Professional Advisory Committee and a Pre-Professional Committee Letter will not be sent on my behalf.

\_\_\_\_ It is my responsibility to complete my application (AMCAS, AACOMAS, or through the

individual school) and I should not wait for my Pre-Professional Committee Letter to be sent to do so.

\_\_\_\_ I will notify Cody Clinton if I apply to additional schools once my Pre-Professional Committee Letter has been completed.

\_\_\_\_ Pre-Professional Evaluation Packets and Committee Letters are retained on file for three years beyond completion. I understand that my file will be destroyed after October 2021. Should I seek admission to a professional school after three years, I understand I will need to complete a new Pre-Professional Evaluation Packet.

\_\_\_\_ If I am applying to allopathic medical school, I will select the committee letter option on AMCAS and list Cody Clinton as the committee letter author.

\_\_\_\_ I understand that the information provided in this packet, as well as the letters submitted on my behalf, can only be used for admission to medical school. I understand that Cody Clinton will not submit this committee letter on my behalf to any other professional or graduate programs.

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_