**Authorization for the Release of Personal Information**

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| **Terms** |

I authorize the Texas A&M University – Corpus Christi’s Health Professions Advising Committee (HPAC) and its representatives, agents, and designees to release a letter of evaluation following review and deliberation by HPAC of my pre- medical or pre- dental application materials or other health professional applications.

I consent to request for inspection of and discussion about information by members of the HPAC who may be responsible for the evaluation of my progress, qualifications, judgement, and competency regarding the practice of medicine or dentistry.

I have been informed that my file will include the following:

1. A personal statement written by me in which I detail my desire to practice within my chosen health profession (i.e., medicine, dentistry, or etc.) and to provide aspects of my background that make me a suitable candidate, plus any other essays that Texas Medical and Dental Schools Application Service (TMDSAS) or other application services (AMCAS, ACOMAS, VMCAS, CASPA, etc) may require.
2. Three to five confidential letters of recommendation written of my behalf, two of which are strongly suggested to be from full-time science professors at Texas A&M University – Corpus Christi (University)
3. A complete and up-to-date list of science courses taken by me detailing grades received in those courses, including my math and sciences (BCPM) grade point average and cumulative grade point average.
4. The “Statement of Responsibility” indicating I will provide my necessary pin numbers and letter request emails prior to June 1st.
5. A resume that includes a color photograph or headshot in business attire.
6. Scores from either a completed full practice or actual required admission exam from my chosen health profession.

I understand that HPAC may also consider other circumstances, opinions, and assessments relevant to my case including, but not limited to:

1. My ability to communicate and to work effectively with others;
2. Any corrective or disciplinary action concerning me during the time I have been enrolled at the University;
3. My judgement, character, and ethical qualifications; and
4. Any other matters the HPAC member feel are or may be relevant to my fitness to practice medicine, dentistry or other health care professions.

I expressly give permission for letters of recommendation to be released in accordance with my completion of a *Request for Mailing Letters of Evaluation* form. I also authorize the release of information that supplements, updates, or supersedes information contained in any letters of recommendation whether this update information is sent because of my request or by initiative of HPAC or the University.

To the extent permitted by law, I waived all provisions of law, including provisions of the 1974 Family Educational Rights and Privacy Act (FERPA) that do or may relate to the disclosure of the information. I further release and hold harmless HPAC and its members and agents Texas A&M University – Corpus Christi, the Texas A&M System’s Board of Regents, faculty, employees, agents, and personnel from and against any liabilities that might otherwise arise from release of this information.

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| **Signature** |

I agree to the conditions outlined in the terms above and hereby authorize HPAC to evaluate my credentials.

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

**Request for HPAC Review**

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| **Applicant Information** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name First Name M.I.

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A# Preferred Email

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| **Instructions** |

1. By submitting this form, you are requesting to be reviewed by the Health Profession Advising Committee (HPAC) at the next available meeting date.
	1. You also recognize that the HPAC reviews completed files only;
	2. HPAC is not responsible for contacting you if your file is not complete;
	3. That completed files are reviewed on a rolling basis;
	4. That the review period is limited (see posted dates for the current application cycle); and
	5. There are no extensions of the review period
2. You are responsible for contacting a Health Professions Advisor after the HPAC review has occurred to discuss your results. (Your Health Professions Advisor will notify you of the date of your review.)
3. After your HPAC review, when you are ready to have Health Professions Advising mail your letters of recommendation, you must make the request in writing using the Request for Letters of Recommendation Mailing form. Health Professions Advising is not a letter clearing house and will only mail letter packets for the current application cycle.

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| **Signature** |

*I agree to the conditions outlined in the instructions above and am requesting a review by HPAC.*

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

**HPAC Personal Information Sheet**

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| **A. Applicant Information** |

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First M.I.

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

 Street Address Apt./Unit #

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State ZIP code

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Islander Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Application to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cumulative GPA: \_\_\_\_\_\_\_\_\_\_ BCPM GPA: \_\_\_\_\_\_\_\_\_\_

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a post- Baccalaureate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Are you using Fresh Start?

Insert color photo below

 MCAT Score

Scaled % Date Taken:

DAT Score

AA % Date Taken:

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| **Disclaimer and Signature** |

*I certify that my answers are true and complete to the best of my knowledge.*

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

**BCPM GPA Calculations 1**

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| **B. Source of Coursework** |

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| --- | --- | --- | --- | --- | --- |
| **Colleges/Universities Attended(chronological)** | **BCPM GPA** | **Degree Earned** | **Dates Attended** | **Credit Hours** | **Cumulative GPA** |
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|  | **BCPM GPA** | **BCPM Hours** | **Cumulative GPA** | **Cumulative Hours** |
| Undergraduate |  |  |  |  |
| Post-baccalaureate |  |  |  |  |
| All Pre-graduate (UG+PB) |  |  |  |  |
| Graduate |  |  |  |  |

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| **C. Required BCPM Coursework** |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course Subject** | **Course #** | **Where****Taken** | **Grade** | **Point Value** | **Credit Hours** | **Grade Value (Point value x Credit hours)** | **Click if Repeated** |
| Biology I | 1406 |  |  |  |  |  |[ ]
| Biology I lab |  |  |  |  |  |  |[ ]
| Biology II | 1407 |  |  |  |  |  |[ ]
| Biology II lab |  |  |  |  |  |  |[ ]
| Genetics | 2416 |  |  |  |  |  |[ ]
| Biochemistry | 4401 |  |  |  |  |  |[ ]
| Chemistry I | 1411 |  |  |  |  |  |[ ]
| Chemistry I lab |  |  |  |  |  |  |[ ]
| Chemistry II | 1412 |  |  |  |  |  |[ ]
| Chemistry II lab |  |  |  |  |  |  |[ ]
| Org Chemistry I | 3411 |  |  |  |  |  |[ ]
| Org Chemistry I lab |  |  |  |  |  |  |[ ]
| Org Chemistry II | 3412 |  |  |  |  |  |[ ]
| Org Chemistry II lab |  |  |  |  |  |  |[ ]
| Physics I | 1401 |  |  |  |  |  |[ ]
| Physics I lab |  |  |  |  |  |  |[ ]
| Physics II |  |  |  |  |  |  |[ ]
| Physics II lab |  |  |  |  |  |  |[ ]
| Statistics | 1442 |  |  |  |  |  |[ ]

**BCPM GPA Calculations 2**

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| **D. All Other BCPM Coursework** |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course Title** | **Course #** | **Where taken** | **Grade** | **Point Value** | **Credit Hours** | **Grade Value (Point value x Credit Hours)** | **Click if Repeated** |
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**BCPM GPA Calculations 3**

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| **E. Nongraded BCPM Coursework** |

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| --- | --- | --- | --- | --- | --- | --- |
| **Course Title** | **Course #** | **Where Taken** | **Grade** | **Point Value** | **Credit Hours** | **Click if Repeated** |
|  |  |  | CR | 0 |  |[ ]
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| **F. Repeated BCPM Coursework** |

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| **Course Title** | **Course #** | **Where Taken** | **Grade** | **Point Value** | **Credit Hours** | **Grade Value (Point value x Credit Hours** | **Attempt #** |
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| **G. BCPM Calculations** |

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| **Coursework** | **Credit Hours** | **Grade Value** |
| Required BCPM Coursework |  |  |
| Other BCPM Coursework |  |  |
| Repeated BCPM Coursework |  |  |
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| **BCPM GPA** |
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**Letter Writers**

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| **J. List of LoRs** |

You must have a minimum of 3 letter writers for review and a maximum of 5 letter writers. 2 of these must be BCPM Professors at Texas A&M University- Corpus Christi. Please list the individuals who have agreed to write a letter in support of your application to medical/dental school. For each letter writer, please include their contact information and your rationale for selecting his individual as a letter writer.

**BCPM Professor (Texas A&M University- Corpus Christi) 1**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Title First name Last name Department

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Email Phone

Rationale for selecting this letter writer

**BCPM Professor (Texas A&M University- Corpus Christi) 2**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Title First name Last name Department

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Email Phone

Rationale for selecting this letter writer

**Wildcard Letter Writer 1**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title First name Last name Relationship

Organization and address

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Email Phone

Rationale for selecting this letter writer

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**Wildcard Letter Writer 2**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title First name Last name Relationship

Organization and address

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Email Phone

Rationale for selecting this letter writer

**Wildcard Letter Writer 3**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title First name Last name Relationship

Organization and address

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Email Phone

Rationale for selecting this letter writer

**Statement of Responsibility**

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| **Statement of Responsibility** |

I, \_\_\_\_\_\_\_\_\_\_\_\_, will provide the necessary pin numbers and letter request emails prior to June 1st. I understand that if I fail to do so, there will be a delay in the loading of my HPAC evaluation letter.

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| **Name and Date** |

Applicant’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_