

BOWDOIN COLLEGE

HEALTH PROFESSIONS ADVISING

4901 COLLEGE STATION
BRUNSWICK, ME 04011-8440
TEL: (207) 725-3627
FAX: (207) 798-7072

Candidate Agreement

I agree that the summary letter of support written on my behalf by the Health Professions Advisor will remain confidential. I hereby voluntarily and irrevocably waive all rights of access to this statement as conferred by the Family Educational Rights and Privacy Act of 1974 (P.L. 93-380) as amended, or otherwise.

I grant permission to the Health Professions Advisor to include, in the summary letter that will be sent to the programs to which I am applying, an overview of my academic record and specific reference to my grades.

I am aware that the Health Professions Advisor will review my file in the Office of the Dean of Student Affairs, including records of any disciplinary action. I understand that if the Health Professions Advisor feels unable to represent me in the summary letter as having been “in good academic and social standing throughout [my] years at Bowdoin,” I will be so notified.

I agree that the recommendations written on my behalf to support my candidacy to a health professions program will be released only for that purpose and in support of related scholarships.

Name (*please print*) _____ Class _____

Signature _____ Date _____

Please sign and return this form to the Office of Health Professions Advising. Many thanks!