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**Medical Studies Committee Letter Registration Packet**

**Please note: All fields in this packet are required fields. Any fields left blank on the following forms will result in an application delay. You will be required to re-submit your completed Registration Packet.**

**Please pay special attention to the (two) sets of check boxes on the Medical Studies Reference Release Form at the very bottom of this packet. This particular Reference Release Form pertains to the Committee Letter itself, and is separate from the Reference Release Form that you are required to send to your individual reference letter writers (which they will submit, along with your letter, to the Committee).**

1. Name  Class Year 

State of Residence 

Email  Phone 

1. Major  Minor/GEC 

Cumulative GPA  # of Semesters Included  BCPM 

1. What health profession will you be applying for? (MD, DO, Both, or Dental) 

Most recent standardized test score, including each subsection (MCAT, DAT)

Date taken or to be taken: 

1. Please check those that apply. Medical/Dental School Prerequisites:

Course: Semester Taken: Grade:

Bio 101 or 190  

s42 or Bio 242  

Chem 107  

Chem 108  

Chem 217  

Chem 218  

Biochemistry   

Physics 107  

Physics 108  

Sociology   

Psychology   

English   

English   

Statistics   

Math   

Other\*   

Other\*   

Other\*   

Other\*   

Other\*   

Other\*   

(\*Alternative or substitute courses completed at Bates or elsewhere)

1. Post-secondary Honors and Awards:
2. Please list extracurricular activities and offices held (*include dates*):
3. Please list your **medically-related** experiences. Include shadowing, volunteer activities, internships and jobs:
4. Please note activities outside of college such as work experience; internships, special study, volunteer work, military, VISTA, etc. (*include dates*):
5. Please list the names of individuals writing letters of recommendation:  



 

1. Tentative list of a few schools to which you are applying:

 

 

 

1. Please provide additional information below that would be helpful to the Medical Studies Committee. Any unique experiences? Study abroad? Special strengths? Foreign language skills? Explanation of any academic deficiencies? *(attach additional pages if needed)*
2. Have you been the subject of any institutional action at Bates and/or do you have a criminal record? If yes, please explain.

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**Registration Form to Open Reference File**

Name:  Class Year: 

**REFERENCES**

Bates Center for Purposeful Work collects references from faculty, administrators and employers in your reference file and releases copies to your prospective graduate schools. You are responsible for obtaining reference forms from the Bates Center for Purposeful Work, filling them out, giving them to faculty members and other reference writers, then following up to be sure the references have been sent to your file. We will keep your reference file for *five years*.

Please initial 

We require three to five days to process and send letters from your Bates Center for Purposeful Work reference file in support of your candidacy for graduate school. The Bates Center for Purposeful Work cannot ensure mailing receipt dates. Plan ahead!

**THE BUCKLEY/FERPA AMENDMENT**

Under federal law, your consent is required before information in your college files can be made available to persons outside the college. Therefore, it is necessary for you to give written consent to the Bates Center for Purposeful Work in one of two manners:

a. A "blanket" permission that would allow the Bates Center for Purposeful Work to release copies of your file to graduate schools at their or your request.

b. Permission for the Bates Center for Purposeful Work to release copies of your file only upon receipt of verbal or written authorization from you in each instance.

The Buckley Amendment (enacted in 1974) also grants you the right to inspect college records pertaining to you, including copies of letters of recommendation. However, you may waive this right, as would be necessary in the case of a request for a confidential letter of reference. This waiver is purely voluntary; no one can require you to waive right of inspection. Should you wish to waive your right to inspection, you must sign the waiver release on the reference form before it is given to the potential reference writer.

**RELEASE**

I have read and understand my rights under the Buckley Amendment. I authorize the Bates Center for Purposeful Work to accept, duplicate and send my references to prospective graduate schools:

at the request of myself and prospective graduate schools

only at my request.

 

(Signature or ­Type your name here) (Date)

**RELEASE/Institutional Action/Disclosure**

I am aware that the Health Professions Advisors will review my file with the Office of the Dean of Students, including records of any disciplinary action. I understand that I am responsible for disclosing any disciplinary action taken against me by Bates to the Chair of the Medical Studies Committee prior to Committee support of my application to any health professions graduate program. I understand that failure to do this may preclude Committee support.

 

(Signature or Type your name here) (Date)

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**Medical Studies Reference Release Form**

**To be completed by Candidate:**

Reference Writer: 

Candidate’s Name: 

Class Year:  Major: 

Has registered with the Bates Center for Purposeful Work and is requesting a reference from you. Will you please express below your frank opinion of the candidate’s qualifications for the position(s) or graduate school(s) discussed with you.

**Candidate’s Waiver Statement**

I am aware of my rights to inspect and review materials in my file at the Bates Center for Purposeful Work as enumerated under the “Family Educational Rights and Privacy Act of 1974” and do hereby waive  do not waive  my right to review this letter of reference.

I also allow  do not allow  my reference writer to disclose in this letter any and all information contained in my education record at Bates College, including but not limited to my grades, my thesis, any of my written academic work or research, and any evaluations of my work or research.

 

(Signature or Type your name here) (Date)

**To be completed by Reference Writer:**

I, the reference writer, understand that this letter will be available for the inspection and review of the candidate upon his or her request if the candidate has not chosen to waive the right to review this letter. (See waiver statement above.)

Signature  Title 

Firm/Organization 

Address  Date 

**This recommendation will be photocopied as part of the candidate’s reference packet. Please provide the recommendation on your organization’s letterhead, and be sure to include the date and your signature. The recommendation letter should be addressed to “Dear Admissions Committee.” Please fill out the bottom section of this form and return it along with the recommendation letter to James H. Smith by email *(preferred),* mail, or fax.**

***Mail: Bates Center for Purposeful Work***

***Attn: James H. Smith***

***146 Wood Street***

***Lewiston, Maine, 04240***

***Fax: (207) 786-6126***

***Email: jsmith6@bates.edu***