

2016 Registration Agreement Form

Cornell HCEC

Carefully review the following boxed statements and indicate agreement by signing.

Note: Your Health Careers Evaluation Committee registration is not complete until this Registration Agreement Form is signed and the original paper copy submitted to the HCEC office and payment has been received. Remit check or money order only, made payable to "Cornell University – HCEC". Undergraduates may pay by bursar.

Statement #1: Integrity in the Application Process

I understand that in the event that I am charged with falsification or other irregularity in dealing with the Health Careers Evaluation Committee (HCEC) or the health professional schools, the HCEC Chairperson may refer the matter to any appropriate health professional school organization(s) and application services, including the Association of American Medical Colleges, AMCAS, AADSAS, AACOMAS, and other appropriate agencies or entities, and may also refer the matter to the Office of the Judicial Administrator of Cornell University or the Academic Integrity Hearing Board of my home college(s). In the event that I am found guilty of this charge by the Office of the Judicial Administrator, the University Hearing Board, and/or the Academic Integrity Hearing Board of my home college(s), a report of the finding will be sent by the Office of the Judicial Administrator or the Academic Integrity Hearing Board to the Chairperson of the HCEC for forwarding to appropriate health professional school organization(s) and services. I understand that I may also be subject to penalties under state and federal laws. I understand that the use of the services of the Health Careers Program is a privilege that, at the discretion of the Health Careers Program, may be withdrawn at any time from a student or alumnus/na who has misused the services, property, or resources of the program or upon some other breach of professional ethics.

Signature: _____ Date: _____

Statement #2: Applicant access to the HCEC Committee Letter packet and the HCEC Letter of Evaluation

Pursuant to the Family Educational Rights and Privacy Act (FERPA) of 1974 (20 U.S.C. § 1232g; 34 CFR Part 99) a student or alumnus/na has the right to inspect and review confidential letters and statements of recommendation with respect to admission to any educational agency or institution unless the student or alumnus/na has expressly waived his/her right of access. Accordingly, each HCEC letter of recommendation request form allows the student or alumnus/na to specify if he/she wishes to waive his/her right to view that specific letter.

The optional waiver for the **HCEC Letter of Evaluation** is set forth below. The **HCEC Letter of Evaluation** is based primarily on information from the interview (if applicable), transcript(s), HCEC Background Information Form, Personal Statement, Letters of Recommendation, and in some cases, personal interactions with HCEC Staff. If a student or alumnus/na retains his/her right of access to the **HCEC Letter of Evaluation**, and waives his/her right of access to some or all of the individual letters of recommendation, the student or alumnus/na will have access only to that (those) portion(s) of the **HCEC Committee Letter** packet that is (are) derived from non-confidential sources. If the student or alumnus/na does not explicitly waive his/her rights of access, the student or alumnus/na retains the right of access. The decision to waive or retain the right to view the **HCEC Letter of Evaluation** will be shared with health career school admissions committees. Guidance and information on the decision to waive or not to waive this right is available on the HCEC website, in the **Guide for Advanced Pre-Medical Students 2015-16**, and available through advising.

Optional FERPA Waiver

I hereby waive my right of access, under the Family Educational Rights and Privacy Act, to the HCEC Letter of Evaluation prepared by the Cornell University Health Careers Evaluation Committee for my application to health career schools.

Signature: _____ Date: _____

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Cornell HCEC**Statement #3: Release Consent**

Pursuant to the Family Educational Rights and Privacy Act (FERPA), I authorize Cornell University to include information from my education records including grades, class rank, honors etc. in the HCEC Committee Letter and included individual letters of recommendation prepared in connection with my application to a health career school.

Signature: _____ Date: _____

Statement #4: File Retention Policy

The content of HCEC registrant files, including but not limited to the *HCEC Committee Letter* packet, is destroyed five years after the date of registration. By signing below, I understand and agree that I must contact the HCEC Office by postal mail in writing between January 1, 2020 and December 31, 2020 if I wish the HCEC to maintain my file for five more years, and I also acknowledge that this is the only notification that I will receive.

Signature: _____ Date: _____

Statement #5: HCEC Committee Letter Packet Approved Destinations

I may not authorize the release of the *HCEC Committee Letter* packet for any purpose other than applying to schools of human medicine, dentistry, optometry and podiatry, and for the exceptional case that an institutionally-affiliated, financial aid-granting party requires it for the express purpose of funding attendance at a school where I have been accepted.

Signature: _____ Date: _____

Statement #6: Registration Timeline Agreement

I understand that it is my responsibility as a Health Careers Evaluation Committee registrant to supply the HCEC office with all applicant-prepared file content required to complete my file in accordance with the HCEC deadlines published in the *HCEC 2016 Registrant Guide*, on the HCEC website, and otherwise provided to each applicant. These deadlines vary by registrant category (regular undergraduate students, transfer students, students studying off campus in the spring, and alumni) and individual situations. If I do not meet these deadlines, the HCEC Chairperson will require me to submit a statement explaining the lateness. The HCEC Chairperson will evaluate my explanation. At the Chairperson's discretion certain consequences may apply. First-year transfer students and students studying off campus in the spring semester have later HCEC deadlines.

Please check any statement(s) that applies (apply) to you and sign below:

- I am a first-year transfer student.
- I am a current Cornell undergraduate who will not be in residence at Cornell during the spring 2016 semester.
- I am attempting to register after the deadline and attach a statement of explanation to this registration.
- I am a Cornell graduate and understand that 8/31/16 is my deadline for submittal of registration materials and fee.

Signature: _____ Date: _____