

**Health Professions Advisory Committee
Registration Form****State University of New York
College at Old Westbury**

1. Name: _____ Student ID No. _____
Last or Family _____ First _____ Middle _____
2. Street Address (Home) _____ City. _____ State _____ Zip Code _____ Tel No. _____
3. Campus/Local Address _____ Tel No. _____ Cell No. _____
4. Email Addresses: Campus _____ Other _____
5. Date First Enrolled at SUNY Old Westbury _____ Current Major _____ Expected Graduation _____
6. Career Objective: Medicine (MD/DO) _____ Dentistry _____ Optometry _____ Podiatry _____ Other _____
7. Previous Colleges Attended:
8. Courses Completed or In Progress:

Courses	Taken At		In Progress
	Old Westbury	Other Colleges	
Basic Biological Sciences I			
Basic Biological Sciences II			
Principles of Chemistry I			
Principles of Chemistry II			
Organic Chemistry I			
Organic Chemistry II			
Biochemistry			
Calculus I			
Calculus II			
Physics I			
Physics II			
Statistics			
English (Composition) I			
English (Composition) II			
Psychology			
Sociology			
Adv. Biology			
Adv. Biology			
Adv. Chemistry			
Adv. Chemistry			

Applicant's Signature_____
Date



HEALTH PROFESSIONS ADVISORY COMMITTEE

Health Professions Advisory Committee

Waiver Form

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1975, as amended, I waive my right of access to confidential evaluations and letters of recommendation obtained by or prepared by the Health Professions Advisory Committee in support of my application for dental school/graduate school/ medical school/ optometry school/osteopathic school/pharmacy school/podiatry school/other health professional school/ scholarships or financial aid. I recognize that this waiver is not a requirement for consideration of my application or any other services or benefits from the College at Old Westbury.

Signature _____

Date _____