

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 _____