### Authorization for the Release of Personal Information

#### **Terms**

I authorize the Texas A&M University - Corpus Christi's Health Professions Advising Committee (HPAC) and its representatives, agents, and designees to release a letter of evaluation following review and deliberation by HPAC of my pre-medical or pre-dental application materials.

I consent to request for inspection of and discussion about information by members of the HPAC who may be responsible for the evaluation of my progress, qualifications, judgment, and competency regarding the practice of medicine or dentistry.

I have been informed that my file will include the following:

- 1. A personal statement written by me in which I detail my desire to practice within my chosen health profession (i.e. medicine, dentistry, or etc.) and to provide aspects of my background that make me a suitable candidate.
- 2. Three to five confidential letters of recommendation written of my behalf, two of which are strongly suggested to be from full-time science professors at Texas A&M University Corpus Christi (University); and
- 3. A complete and up-to-date list of science courses taken by me detailing grades received in those courses, including my math and science (BCPM) grade point average and cumulative grade point average.
- 4. The "Statement of Responsibility" indicating I will provide my necessary pin numbers and letter request emails prior to June 1st.
- 5. A resume that includes a color photograph of headshot.
- 6. Scores from either a completed full practice or actual required admission exam from my chosen health profession.

I understand that HPAC may also consider other circumstances, opinions, and assessments relevant to my case including, but not limited to

- 1. My ability to communicate and to work effectively with others;
- 2. Any corrective or disciplinary action concerning me during the time I have been enrolled at the University;
- 3. My judgment, character, and ethical qualifications; and
- 4. Any other matters the HPAC member feel are or may be relevant to my fitness to practice medicine or dentistry.

I expressly give permission for letters of recommendation to be released in accordance with my completion of a *Request for Mailing Letters of Evaluation* form. I also authorize the release of information that supplements, updates, or supersedes information contained in any letters of recommendation whether this update information is sent as a result of my request or by initiative of HPAC or the University.

To the extent permitted by law, I waive all provisions of law, including provisions of the Family Educational Rights and Privacy Act (FERPA) that do or may relate to the disclosure of this information. I further release and hold harmless HPAC and its members and agents, Texas A&M University - Corpus Christi, the Texas A&M System's Board of Regents, faculty, employees, agents, and personnel from and against any liability that might otherwise arise from release of this information.

| Sia |  |  |
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| I | l aaree to ti | he conditions | outlined in the | e terms al | bove and I | herebv | ≀ authorize F | IPAC. | to evaluate | mv cred | lentials | s. |
|---|---------------|---------------|-----------------|------------|------------|--------|---------------|-------|-------------|---------|----------|----|
|   |               |               |                 |            |            |        |               |       |             |         |          |    |

| Signature: | Date: |
|------------|-------|
|            |       |



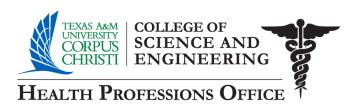
### **Request for HPAC Review**

|     | Applicant Information  |
|-----|--|
|     | Applicant information  |
|     |  |
|     |  |
| Las | st Name First Name M.I.  |
|     |  |
|     |  |
| A#  | Preferred Email  |
|     |  |
|     | Instructions   |
|     |  |
|     |  |
| 1.  | By submitting this form you are requesting to be reviewed by the Health Professions Advising Committee (HPAC)      |
|     | at the next available meeting date.  |
|     | <ul> <li>You also recognize that the HPAC reviews completed files only;</li> </ul>                                 |
|     | b. HPAC is not responsible for contacting you if your file is not complete;  |
|     | c. That completed files are reviewed on a rolling basis;   |
|     | d. That the review period is limited (see posted dates for the current application cycle); and                     |
|     | e. There are no extensions of the review period.   |
| 2.  | You are responsible for contacting a Health Professions Advisor after the HPAC review has occurred to discuss      |
|     | your results. (Your Health Professions Advisor will notify you of the date of your review.)                        |
| 3.  | After your HPAC review, when you are ready to have Health Professions Advising mail your letters of                |
|     | recommendation, you must make the request in writing using the Request for Letters of Recommendation Mailing       |
|     | form. Health Professions Advising is not a letter clearing house and will only mail letter packets for the current |
|     | application cycle.   |
|     |  |
|     |  |
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|     |  |
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|     |  |
|     |  |
|     | Signature  |
| I a | gree to the conditions outlined in the instructions above and am requesting a review by HPAC.                      |
|     |  |
|     |  |



# **HPAC Personal Information Sheet**

|                |                | A. Applic                         | ant Informatio  | n                    |                  |
|----------------|----------------|-----------------------------------|-----------------|----------------------|------------------|
| Full Name:     |                |                                   |                 |                      | A#:              |
|                | Last           | First                             |                 | М.І.                 | <del>.</del>     |
| Address:       |                |                                   |                 |                      |                  |
|                | Street Address | 3                                 |                 |                      | Apartment/Unit # |
|                |                |                                   |                 |                      |                  |
|                | City           |                                   |                 | State                | ZIP Code         |
| Cell Phone:    |                | Is                                | lander Email:   |                      |                  |
|                |                | Pre                               | eferred Email:  |                      |                  |
|                |                |                                   | Cumulative      |                      | BCPM             |
| Application    | 1 to:          |                                   | GPA:            |                      | GPA:             |
| Major:         |                | Are you a post-<br>Baccalauerate? |                 | Insert color photo b | pelow (<150 kb)  |
|                | ,              | Are you using Fresh Start?        |                 |                      |                  |
| MCAT So        |                | , ,                               |                 |                      |                  |
| Scaled         | %              | Date Taken:                       |                 |                      |                  |
|                |                |                                   |                 |                      |                  |
|                |                |                                   |                 |                      |                  |
|                |                |                                   |                 |                      |                  |
| DAT So         |                | Data Takan                        |                 |                      |                  |
| AA             | %              | Date Taken:                       |                 |                      |                  |
|                |                |                                   |                 |                      |                  |
|                |                |                                   |                 |                      |                  |
|                |                |                                   |                 |                      |                  |
|                |                |                                   |                 |                      |                  |
|                |                |                                   |                 |                      |                  |
|                |                | Disclaime                         | er and Signatu  | re                   |                  |
| I certify that | t my answers   | s are true and complete to the    | best of my know | vledge.              |                  |
|                |                |                                   |                 |                      |                  |
| Signature:     |                |                                   |                 | Dat                  | e:               |



# **BCPM GPA Calculations 1**

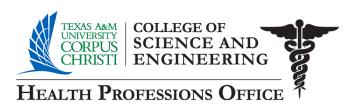
#### B. Source of Coursework

| Colleges/Universities<br>Attended (chronological) | BCPM GPA | Degree<br>Earned | Dates Attended | Credit<br>Hours | Cumulative GPA |
|---|----------|------------------|----------------|-----------------|----------------|
|   |          |                  |                |                 |                |
|   |          |                  |                |                 |                |
|   |          |                  |                |                 |                |
|   |          |                  |                |                 |                |
|   |          |                  |                |                 |                |
|   |          |                  |                |                 |                |
|   |          |                  |                |                 |                |

|                            | BCPM<br>GPA | BCPM<br>Hours | Cumulative<br>GPA | Cumulative<br>Hours |
|----------------------------|-------------|---------------|-------------------|---------------------|
| Undergraduate              |             |               |                   |                     |
| Post-baccalaureate         |             |               |                   |                     |
| All Pre-graduate (UG + PB) |             |               |                   |                     |
| Graduate                   |             |               |                   |                     |

#### C. Required BCPM Coursework

| Biology I lab Biology II Biology II lab Genetics Biochemistry Chemistry I Chemistry II Chemistry II lab Org Chemistry I lab Org Chemistry I lab Org Chemistry I lab Org Chemistry II Physics I lab Physics II Physics II lab Statistics  | Course Subject | Course # | Where<br>Taken | Grade | Point<br>Value | Credit<br>Hours | Grade Value<br>(Point value x<br>Credit Hours) | Click if<br>Repeated |
|--|----------------|----------|----------------|-------|----------------|-----------------|--|----------------------|
| Biology II lab Biology II lab Genetics Biochemistry Chemistry I Chemistry I lab Chemistry II lab Org Chemistry I lab Org Chemistry I lab Org Chemistry II lab Physics I |                |          |                |       |                |                 | ,  | - 1                  |
| Biology II lab Genetics Biochemistry Chemistry I Chemistry I lab Chemistry III Chemistry III Chemistry III Chemistry III lab Org Chemistry I Org Chemistry I lab Org Chemistry II lab Physics I Physics I Physics I lab Physics II            |                |          |                |       |                |                 |  |                      |
| Genetics Biochemistry Chemistry I Chemistry I lab Chemistry II lab Chemistry II lab Org Chemistry I Org Chemistry I lab Org Chemistry I lab Org Chemistry II lab Physics I Physics I lab Physics I lab Physics II lab   | Biology II     |          |                |       |                |                 |  |                      |
| Biochemistry Chemistry I Chemistry I lab Chemistry II Chemistry II Chemistry II lab Org Chemistry I Org Chemistry I lab Org Chemistry I lab Org Chemistry II lab Physics I Physics I lab Physics II Physics II lab  | Biology II lab |          |                |       |                |                 |  |                      |
| Chemistry I lab Chemistry II lab Chemistry II lab Chemistry II lab Org Chemistry I Org Chemistry I lab Org Chemistry I lab Org Chemistry II lab Physics I lab Physics II Physics II lab  | Genetics       |          |                |       |                |                 |  |                      |
| Chemistry I lab Chemistry II Chemistry II lab Org Chemistry I Org Chemistry I lab Org Chemistry II Org Chemistry II Org Chemistry II Org Chemistry III Org Chemistry II lab Physics I Physics I lab Physics II Physics II lab  | Biochemistry   |          |                |       |                |                 |  |                      |
| Chemistry II Chemistry II lab Org Chemistry I Org Chemistry I lab Org Chemistry II Org Chemistry II Org Chemistry III Org Chemistry II lab Physics I Physics I lab Physics II Physics II lab   | Chemistry I    |          |                |       |                |                 |  |                      |
| Chemistry II lab Org Chemistry I Org Chemistry I lab Org Chemistry II Org Chemistry II Org Chemistry III Org Chemistry II lab Physics I Physics I lab Physics II Physics II lab  |                |          |                |       |                |                 |  |                      |
| Org Chemistry I Org Chemistry I lab Org Chemistry II Org Chemistry II Org Chemistry II lab Physics I Physics I lab Physics II Physics II   |                |          |                |       |                |                 |  |                      |
| Org Chemistry I lab  |                |          |                |       |                |                 |  |                      |
| Org Chemistry II Org Chemistry II lab Physics I Physics I lab Physics II Physics II lab  |                |          |                |       |                |                 |  |                      |
| Org Chemistry II lab Physics I Physics I lab Physics II Physics II lab   |                |          |                |       |                |                 |  |                      |
| Physics I Physics I lab Physics II Physics II lab  |                |          |                |       |                |                 |  |                      |
| Physics I lab Physics II lab Physics II lab  |                |          |                |       |                |                 |  |                      |
| Physics II Physics II lab  |                |          |                |       |                |                 |  |                      |
| Physics II lab   |                |          |                |       |                |                 |  |                      |
|  |                |          |                |       |                |                 |  |                      |
| Statistics   |                |          |                |       |                |                 |  |                      |
|  | Statistics     |          |                |       |                |                 |  |                      |



# **BCPM GPA Calculations 2**

#### D. All Other BCPM Coursework

| Course Title | Course # | Where<br>Taken | Grade | Point<br>Value | Credit<br>Hours | Grade Value<br>(Point value x<br>Credit Hours) | Click if<br>Repeated |
|--------------|----------|----------------|-------|----------------|-----------------|--|----------------------|
| Course Title | Course # | Taken          | Grade | value          | 110015          | Credit Hours)                                  | Repeated             |
|              |          |                |       |                |                 |  |                      |
|              |          |                |       |                |                 |  |                      |
|              |          |                |       |                |                 |  |                      |
|              |          |                |       |                |                 |  |                      |
|              |          |                |       |                |                 |  |                      |
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|              |          |                |       |                |                 |  |                      |
|              |          |                |       |                |                 |  |                      |
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## **BCPM GPA Calculations 3**

#### E. Nongraded BCPM Coursework

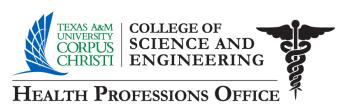
|              |          | Where |       | Point | Credit | Click if |
|--------------|----------|-------|-------|-------|--------|----------|
| Course Title | Course # | Taken | Grade | Value | Hours  | Repeated |
|              |          |       |       | 0     |        |          |
|              |          |       |       | 0     |        |          |
|              |          |       |       | 0     |        |          |
|              |          |       |       | 0     |        |          |
|              |          |       |       | 0     |        |          |
|              |          |       |       | 0     |        |          |
|              |          |       |       | 0     |        |          |
|              |          |       |       | 0     |        |          |
|              |          |       |       | 0     |        |          |
|              |          |       |       | 0     |        |          |
|              |          |       |       | 0     |        |          |
|              |          |       |       | 0     |        |          |

#### F. Repeated BCPM Coursework

| Course Title | Course # | Where<br>Taken | Grade | Point<br>Value | Credit<br>Hours | Grade Value<br>(Point value x<br>Credit Hours) | Attempt # |
|--------------|----------|----------------|-------|----------------|-----------------|--|-----------|
|              |          |                |       |                |                 |  |           |
|              |          |                |       |                |                 |  |           |
|              |          |                |       |                |                 |  |           |
|              |          |                |       |                |                 |  |           |
|              |          |                |       |                |                 |  |           |
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|              |          |                |       |                |                 |  |           |
|              |          |                |       |                |                 |  |           |
|              |          |                |       |                |                 |  |           |
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|              |          |                |       |                |                 |  |           |
|              |          |                |       |                |                 |  |           |
|              |          |                |       |                |                 |  |           |

#### **G. BCPM Calculation**

| Coursework               | Credit Hours | Grade Value |          |
|--------------------------|--------------|-------------|----------|
| Required BCPM Coursework |              |             |          |
| Other BCPM Coursework    |              |             |          |
| Repeated BCPM Coursework |              |             | BCPM GPA |
|                          |              |             |          |



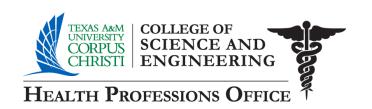
### **Letter Writers**

#### J. List of LoRs

You must have a minimum of 3 letter writers for review and a maximum of 5 letter writers. 2 of these must be BCPM Professors at Texas A&M University - Corpus Christi. Please list the individuals who have agreed to write a letter in support of your application to medical/dental school. For each letter writer, please include their contact information and your rationale for selecting this individual as a letter writer.

#### BCPM Professor (Texas A&M University - Corpus Christi) 1

| Title  | First name                       | Last Name | Departr | ment         |  |  |  |  |  |
|--|----------------------------------|-----------|---------|--------------|--|--|--|--|--|
| Email  | Email Phone                      |           |         |              |  |  |  |  |  |
|  |                                  |           |         |              |  |  |  |  |  |
|  |                                  |           |         |              |  |  |  |  |  |
| Rationale for selecting this letter writer.              |                                  |           |         |              |  |  |  |  |  |
| PCDM Professor (Toyon A 9 M University Cornus Christi) 2 |                                  |           |         |              |  |  |  |  |  |
| BCPM Professor (Texas A&M University - Corpus Christi) 2 |                                  |           |         |              |  |  |  |  |  |
|  |                                  |           |         |              |  |  |  |  |  |
| Title  | First name                       | Last Name | Departr | ment         |  |  |  |  |  |
| Email  | ail Phone                        |           |         |              |  |  |  |  |  |
|  |                                  |           |         |              |  |  |  |  |  |
|  |                                  |           |         |              |  |  |  |  |  |
| Rationale for selecting this letter writer.              |                                  |           |         |              |  |  |  |  |  |
|  |                                  |           |         |              |  |  |  |  |  |
| Wildcard Letter Writer 1                                 |                                  |           |         |              |  |  |  |  |  |
|  |                                  |           |         |              |  |  |  |  |  |
| Title  | First Name                       | Last name |         | Relationship |  |  |  |  |  |
|  |                                  |           |         |              |  |  |  |  |  |
|  |                                  |           |         |              |  |  |  |  |  |
|  |                                  |           |         |              |  |  |  |  |  |
|  |                                  |           |         |              |  |  |  |  |  |
|  |                                  |           |         |              |  |  |  |  |  |
| Organiz  | zation (and address)             |           |         |              |  |  |  |  |  |
|  |                                  |           | Dhana   |              |  |  |  |  |  |
| Email  |                                  |           | Phone   |              |  |  |  |  |  |
|  |                                  |           |         |              |  |  |  |  |  |
| Detiens  | ale for selecting this letter wr | 4         |         |              |  |  |  |  |  |



### **Letter Writers**

#### Wildcard Letter Writer 2

Rationale for selecting this letter writer.

| Title                    |                               |           |              |  |  |  |  |  |
|--------------------------|-------------------------------|-----------|--------------|--|--|--|--|--|
| TILLE                    | First Name                    | Last name | Relationship |  |  |  |  |  |
|                          |                               |           |              |  |  |  |  |  |
|                          |                               |           |              |  |  |  |  |  |
|                          |                               |           |              |  |  |  |  |  |
|                          |                               |           |              |  |  |  |  |  |
|                          |                               |           |              |  |  |  |  |  |
| Organi                   | ization (and address)         |           |              |  |  |  |  |  |
|                          | (                             |           |              |  |  |  |  |  |
| Email                    |                               | Phone     |              |  |  |  |  |  |
|                          |                               |           |              |  |  |  |  |  |
|                          |                               |           |              |  |  |  |  |  |
|                          |                               |           |              |  |  |  |  |  |
| Ration                   | ale for selecting this letter | writer.   |              |  |  |  |  |  |
|                          |                               |           |              |  |  |  |  |  |
| Wildcard Letter Writer 3 |                               |           |              |  |  |  |  |  |
|                          |                               |           |              |  |  |  |  |  |
|                          |                               |           |              |  |  |  |  |  |
| Title                    | First Name                    | Last name | Relationship |  |  |  |  |  |
| ·                        |                               |           |              |  |  |  |  |  |
|                          |                               |           |              |  |  |  |  |  |
|                          |                               |           |              |  |  |  |  |  |
|                          |                               |           |              |  |  |  |  |  |
|                          |                               |           |              |  |  |  |  |  |
|                          |                               |           |              |  |  |  |  |  |
|                          |                               |           |              |  |  |  |  |  |
| Organi                   | ization (and address)         |           |              |  |  |  |  |  |
|                          | ization (and address)         |           |              |  |  |  |  |  |
| Organi                   | ization (and address)         | Phone     |              |  |  |  |  |  |
|                          | ization (and address)         | Phone     |              |  |  |  |  |  |



### **Statement of Responsibility**

#### Statement of Responsibility

Statement of Responsibility

#### Name & Date

Applicant's Name Date