



PreHealth Mentoring Office Composite Letter Consent Form

I, _____ (Print/type full name), do hereby consent to the following **initialed** items in pursuit of the Composite Letter. All statements REQUIRE initials of acknowledgement.

_____ As required under the Family Educational Rights and Privacy Act, I give permission for my grade point average (GPA), transcripts, individual course grades, individual assignment grades, and/or other similar academic information to be used and discussed as part of the Composite Letter. I also give permission for the Office for Undergraduate Education to request unofficial copies of my transcript(s) from Emory and any other institution(s) I have attended, as part of the application process.

_____ I certify that I have completed all required steps for the internal application process:

- Completed the PreHealth Holistic Review (PHHR) or Sophomore Year Holistic Review (SYHR)
- Completed Composite Letter Orientation Review and Quiz (Blackboard Organization)
- Opened Credentials File (MUST) be open by March 1), through the Career Center

_____ I certify that all of the information I include in my application for the Composite Letter, including listings of activities and awards, research undertaken or planned, and personal statements or essays, is my own work and is accurate and honest to the best of my knowledge.

_____ I give permission to the Vice President and Dean of Campus Life, the Senior Dean of Emory College of Arts & Sciences, the Director of the PHMO and the Emory University Registrar or their designees to release information to the Emory College Office for Undergraduate Education from official college records pertaining to academic honesty and conduct offense violations, and to provide contextual information as to the severity of these offenses. This information may be given either in verbal or written form.

_____ I waive any right to view the completed Composite Letter as it contains information from individual letters of Recommendation written for the purpose of this Composite Letter. While copies of individual letters of recommendation may be provided to me by the authors, I understand that it is done as a courtesy by the author and does not affect the waiver to the Composite Letter. I understand that if I do not waive my right to view letters, my recommender will be notified and may choose to withdraw their letters.

_____ I understand that information taken from individual Letters of Recommendation can be used in my Composite Letter.

_____ I understand that any information provided in my Composite Letter application (application form, essays, activities lists, etc.) and interview may be used in the Composite Letter.

_____ I understand that if anything indicated in my application changes, I must provide written documentation of such change to the PreHealth Mentoring Office as soon as possible. I understand that information provided AFTER the interview *is not guaranteed* to be included in the final Composite Letter.

Type name in lieu of signature

Date