



WAIVER FOR HEALTH CAREERS COMMITTEE LETTER OF RECOMMENDATION

DATE: _____

I, _____, would appreciate your writing a letter of recommendation on my

behalf for (please circle): **MD/DO** **Physician Assistant** **Nursing/Nurse Practitioner** **Dentist**

Physical Therapist **Occupational Therapist** **Other** _____

I have requested that the following individuals write letters of evaluation to support my Health Careers Committee letter.

NAME: _____ EMAIL ADDRESS: _____

NAME: _____ EMAIL ADDRESS: _____

NAME: _____ EMAIL ADDRESS: _____

NAME: _____ EMAIL ADDRESS: _____

NAME: _____ EMAIL ADDRESS: _____

NAME: _____ EMAIL ADDRESS: _____

NAME: _____ EMAIL ADDRESS: _____

NAME: _____ EMAIL ADDRESS: _____

Articulation Agreement Interest:

I am planning to apply to the following program(s) and would like to utilize St. Lawrence's articulation agreement with the indicated institution(s).

☐

Clarkson Physician Assistant

UNE-COM DO medical school

☐

Clarkson Physical Therapy

☐

University of Rochester Nursing

☐ I am applying to a program that prefers committee letters (medical school, dental school) and plan on submitting the committee letter as part of my application.

☐ I am planning on using my committee letter for my application to professional programs.

☐ I am planning on using individual letters to support my application to professional programs. Please don't take the time to write a committee letter for me.

☐ This is my first Health Careers Committee Interview.

☐ This is my second Health Careers Committee Interview, and I have completed the petition process.

☐ I hereby waive my rights under the Family Educational Rights and Privacy Act of 1974, as amended, to examine the above letters of evaluation submitted as confidential to the Health Careers Committee of St. Lawrence University, and the summative Health Careers Committee letter. I certify this waiver is given voluntarily.

☐ I hereby **DO NOT** waive my rights under the Family Educational Rights and Privacy Act of 1974, as amended, to examine the above letters of evaluation submitted to the Health Careers Committee of St. Lawrence University, and the summative Health Careers Committee letter.

SIGNATURE: _____ **DATE:** _____

STUDENT PHONE NUMBER: _____

STUDENT EMAIL ADDRESS:

STUDENT PREFERRED PRONOUNS (please circle):

she/her/hers
he/him/his
they/them/theirs

HEALTH CAREERS COMMITTEE
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St. Lawrence University; 23 Romoda Drive; Canton, NY 13617
315-229-5294 *telephone*
www.stlawu.edu sbeamer@stlawu.edu