



GRADUATE CERTIFICATE PROGRAM IN BIOMEDICAL SCIENCES AND HEALTH EQUITY
 Application Materials

DEAN'S GOOD STANDING AND STUDENT CONDUCT VERIFICATION FORM

TO THE APPLICANT:

Complete the first section of this form (please print), and either part A or part B of the waiver section. Then give this form to the Dean of Students, Director of Student Conduct or other administrative officer in charge of student records, including both academic and non-academic disciplinary records, at each of the undergraduate or graduate institutions that has awarded or is expected to award you any degree. The Dean's Good Standing and Student Conduct Verification is not a recommendation; it is, therefore, unnecessary that the Dean or administrative officer completing the form know you personally. You may photocopy the form as necessary if you will have received more than one degree. The Dean of Students should return this form to the Baylor College of Medicine's Post-Baccalaureate Certificate of Completion in Biomedical Sciences and Health Equity program.

SECTION I:

Applicant's Name			
Applicant's Email Address			
Institution Completing Form			
Dates of Matriculation (MM/DD/YY format):	from	to	
Degree and Year of Graduation (or expected graduation)			

Under the provisions of the Family Educational Rights and Privacy Act of 1974, you are guaranteed the right of access to the contents of this certification form upon your matriculation into the program. Accordingly, you are requested to indicate below, prior to delivering this form to the person who will complete it, whether or not you wish to waive your right of access to this certification when completed.

PLEASE SIGN AND DATE ONE OF THE FOLLOWING STATEMENTS:

A. I hereby waive my right of future access to this certification and authorize the above-named institution to provide Baylor College of Medicine's Post-Baccalaureate Certificate of Completion in Biomedical Sciences and Health Equity program with all appropriate assessments and information that may be required in support of my application. I understand that no school or individual can require me to waive my right of access to this certification. I understand that I may or may not make such a waiver, as I choose. This waiver is voluntary.

Signature _____

Date _____

B. I do not waive my right of future access to this certification but authorize the above-named institution to provide Baylor College of Medicine's Post-Baccalaureate Certificate of Completion in Biomedical Sciences and Health Equity program with all appropriate assessments and other relevant information that may be required in support of my application.

Signature _____

Date _____

SECTION II:

TO THE DEAN OF STUDENTS OR OTHER SCHOOL OFFICIAL COMPLETING THIS FORM:

The student named on the reverse side of this form is a candidate for selection as a scholar in Baylor College of Medicine's Post-Baccalaureate Certificate of Completion in Biomedical Sciences and Health Equity program. While this form may well elicit your recommendation, that is not its basic purpose.

We are asked to certify the good character and fitness of our applicants. We try to do this in a consistent way by checking the undergraduate and graduate school disciplinary records of all applicants, since these records show their behavior, in most cases, for the last several years. We realize that many schools feel they are stigmatizing a student by reporting disciplinary problems which have been overcome; however, it is to the student's benefit to discuss any such problems before entering our pre-medical program, rather than when he or she is preparing to apply to medical school or apply for licensure as a physician.

Please complete this form even though the student may have a clear record. Applicants often misdirect this form, and we must be assured that an appropriate official has checked the written records before we can act on a file. **This should not be a letter attesting to academic ability. Only statements as to character and fitness are necessary.** If these records are not kept by your institution, please state this on the form and return it to us anyway. We sincerely thank you for your cooperation.

REQUIRED INFORMATION

Is/was the student enrolled at your institution during the matriculation dates listed on the reverse side of this form? Yes No

Is/was the student in good standing at your institution? Yes No

Is/was the student eligible to return to your institution? Yes No

If you answered "no" to any of the above questions, please attach a document to provide details.

Has the student ever been found responsible for a student conduct violation, whether related to academic misconduct or behavioral misconduct? Yes No

To your knowledge, has the student ever been convicted of a misdemeanor, felony, or other crime? Yes No

Does the student have pending Code of Conduct and/or Honor Code charges at your institution? Yes No

To your knowledge, are there any factors that would interfere with this individual's ability to make typical progress toward his/her degree? Yes No

If you answered "yes" to any of the above questions, please attach a document to provide details.

Name of Individual Completing Form: _____

Title: _____

Telephone Number: _____

Signature: _____

PLEASE MAIL OR SCAN THE COMPLETED FORM DIRECTLY TO:

**Baylor College of Medicine
Post-Baccalaureate Certificate of Completion in Biomedical
Sciences and Health Equity
One Baylor Plaza, MS Code BCM215
Main Baylor, Suite N204
Houston, Texas 77030
gradcertadmissions@bcm.edu**