

## 2010 Health Careers Evaluation Committee Registration Form

HCEC, 203 Barnes Hall, Cornell University, Ithaca, NY 14853 – 607-255-0546 – hcec@cornell.edu

Cornell Status: \_\_\_ Undergraduate \_\_\_ Alumnus/Alumna \_\_\_ Other; please specify \_\_\_\_\_

Registrant Category: \_\_\_ New (1<sup>st</sup> time) \_\_\_ On Hold from \_\_\_ (year) \_\_\_ Reactivate \_\_\_ Update

Fee:  Undergraduate: \$TBA  Alumnus: \$TBA  Update Registrant \$TBA  Reactivate Registrant \$TBA  
Payment Method  Bursar (current students)  Cash  Check/M.O.  Approved Fee Waiver  Pending Fee Waiver

**Registration fee is non-refundable. We are unable to process credit cards.**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

CU Net ID \_\_\_\_\_ You are required to submit your CU Net ID here, even if you have graduated from Cornell.

**Note:** We will set up your online account using your Cornell Net ID within a few days of processing this registration agreement. This registration is not complete until you log in to your online account and provide the biographical and contact information specified there.

7-Digit CU ID Number \_\_\_\_\_ Current Email Address \_\_\_\_\_

You must check one statement from each set of the numbered statements below:

\_\_\_ 1a) I have completed at least 30 grade-bearing credit hours at Cornell.

\_\_\_ 1b) I expect to complete at least 30 grade-bearing credit hours at Cornell by the end of Spring 2009.

\_\_\_ 2a) I intend to matriculate in 2010

\_\_\_ 2b) I do not intend to matriculate in 2010. Briefly explain why you are registering this year on the line below:  
\_\_\_\_\_

\_\_\_ 3a) I will be in residence studying on the Ithaca campus in Spring 2009

\_\_\_ 3b) I will be a Cornell undergraduate studying off campus in Spring 2009.

\_\_\_ 3c) If neither of these apply, please explain here: \_\_\_\_\_

\_\_\_ 4a) This is the first time I have registered with the HCEC

\_\_\_ 4b) I registered in \_\_\_\_\_ and did not complete the process.

\_\_\_ 4c) I registered in \_\_\_\_\_ and a letter of evaluation was written for me.

\_\_\_ 5a) This is the first time that I will apply to medical, dental, optometry or podiatry school.

\_\_\_ 5b) I applied in \_\_\_\_\_ (year[s]) to medical, dental, optometry or podiatry school and did not matriculate.

\_\_\_ 5c) I applied previously to medical, dental, optometry or podiatry school without using the HCEC.

\_\_\_ 6a) I have earned at Cornell all the post-secondary academic credits that I will submit to health career schools.

\_\_\_ 6b) I have earned some post-secondary credits elsewhere that I will submit to health career. Please indicate name(s) of institution(s) on the line below and have an official transcript sent to HCEC from each institution.  
\_\_\_\_\_

**Carefully review the five (5) statements that follow and indicate agreement by signing as indicated:**

### Statement #1: Integrity in the Application Process

I understand that in the event that I am charged with falsification or other irregularity in dealing with the Health Careers Evaluation Committee (HCEC) or the health professional schools, the Chairperson, HCEC, may refer the matter to any appropriate health professional school organization(s) and application services, including the Association of American Medical Colleges, AMCAS, AADSAS, AACOMAS, and other appropriate agencies or entities, and may also refer the matter to the Office of the Judicial Administrator of Cornell University or the Academic Integrity Hearing Board of my home college(s). In the event that I am found guilty of this charge by the Office of the Judicial Administrator, the University Hearing Board, and/or the Academic Integrity Hearing Board of my home college(s), a report of the finding will be sent by the Office of the Judicial Administrator or the Academic Integrity Hearing Board to the Chairperson of the HCEC for forwarding to appropriate health professional school organization(s) and services. I understand that I may also be subject to penalties under state and federal laws. I understand that the use of the services of the Health Careers Program is a privilege that, at the discretion of the Health Careers Program, may be withdrawn at any time from a registrant who has misused the services, property, or resources of the program or upon some other breach of professional ethics.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Statement #2: File Retention Policy**

The content of HCEC registrant files, including but not limited to the *HCEC Committee Letter Packet*, is destroyed five years after the date of registration. By signing below, I understand and agree that I must contact the HCEC Office by postal mail in writing between January 1, 2014 and December 31, 2014 if I need the HCEC to maintain my file for five more years, and that this is the only notification that I will receive.

**Statement #3: HCEC Committee Letter Packet Approved Destinations**

I may not authorize the release of the *Committee Letter Packet* for any purpose other than applying to schools of medicine, dentistry, optometry and podiatry, and for the exceptional case that an institutionally-affiliated, financial aid-granting party requires it for the express purpose of funding attendance at a school where I have been accepted.

**Statement #4: Registration Deadlines**

I understand that it is my responsibility as an HCEC registrant to supply the Committee office with all registrant-prepared file content required to complete my file in accord with the HCEC deadlines published in the Registrant Guide, on the HCEC web site and otherwise provided to each registrant. These deadlines vary by registrant category (regular Cornell registrants, transfer registrants, registrants studying off campus in the spring, alumni, re-registrants). If I do not meet these deadlines, the HCEC Committee is not responsible to release my Letter Packet at the earliest release date. Additionally, the HCEC Chair will require me to submit a statement explaining the lateness. The HCEC Chairperson will evaluate my explanation. At his discretion, a statement regarding the timeliness of my file completion will be included in my HCEC letter of evaluation.

Please check any statement(s) that applies (apply) to you and sign below:

I am a first year transfer registrant and/or will not be in residence at Cornell during the spring semester.

I am registering after the deadline and attach a statement of explanation to this registration.

I have read, understand and agree to Statements #2, #3 and #4:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Statement #5: Registrant access to the *HCEC Committee Letter Packet* and the *HCEC Letter of Evaluation***

Pursuant to the Family Educational Rights and Privacy Act of 1974, 20 U.S.C.A Section 1232 (a) (1) a registrant has the right to inspect and review confidential letters and statements of recommendation with respect to admission to any educational agency or institution unless the registrant has expressly waived his/her right of access. Accordingly, each HCEC letter of recommendation request form allows the registrant to specify if the registrant wishes to waive his/her right to view that specific letter.

The optional waiver for the *HCEC letter of evaluation* is set forth below. The HCEC letter of evaluation is based on the interview (for undergraduates only), transcript(s), essay, HCEC Background Information Form, and the letters of recommendation. If the registrant does not explicitly waive his/her rights of access, the registrant maintains the right of access. If he or she then waives his/her right of access to some or all of the individual letters of recommendation, the registrant will have access only to that (those) portion(s) of the HCEC letter of evaluation that is (are) derived from non-waived sources. Cornell has the obligation to incorporate a statement concerning whether or not the registrant waived each letter, as part of the *HCEC Committee Letter Packet* sent to the medical schools. If the registrant waives right of access to a letter, that form accompanies the letter sent to medical schools. The registrant’s decision to waive rights to view the HCEC letter of evaluation is noted in the letter itself.

Guidance and information on the decision to waive or not to waive my FERPA right is available on the HCEC web site, in the 2009 Registrant Guide (“Waiving or Not Waiving FERPA”), and available through advising. Initial one of the following and sign below.

I waive my FERPA right to view my HCEC Letter of Evaluation.

I do not waive my FERPA right to view my HCEC Letter of Evaluation.

I wish to defer this decision, understanding that unless I inform the HCEC otherwise before my file is complete, using the HCEC Letter of Evaluation Waiver form, I have not waived my FERPA rights as set forth above.

My signature here indicates my understanding of my FERPA right.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_