

HCEC Registration Agreement Form for 2012

Carefully review the following boxed statements and indicate agreement by signing each one: Page 1 of 2

Name (*Please print*): _____ Net ID: _____

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the services of the Health Careers Program is a privilege that, at the discretion of the Health Careers Program, may be withdrawn at any time from a student or alumnus/na who has misused the services, property, or resources of the program or upon some other breach of professional ethics.

Signature: _____ Date: _____

Statement #2: Applicant 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 1232g (a) (1) a student 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 student has expressly waived his/her right of access. Accordingly, each HCEC letter of recommendation request form allows the student to specify if the student 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, transcript(s), essay, HCEC Background Information Form, and the letters of recommendation. If a student retains his/her right of access to the *HCEC Letter of Evaluation*, and waives his/her right of access to some or all of the individual letters of recommendation, the student will have access only to that (those) portion(s) of the *HCEC Committee Letter* packet that is (are) derived from non-confidential sources. If the student does not explicitly waive his/her rights of access, the student retains the right of access. The student's decision to waive his/her right 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 this right is available on the HCEC web site, in the **2012 HCEC Applicant Guide** ("Waiving or Not Waiving FERPA"), and available through advising.

I understand my FERPA rights regarding the *HCEC Committee Letter* packet and the *HCEC Letter of Evaluation* as set forth above:

Signature: _____ Date: _____

Optional FERPA Waiver

I hereby waive my right of access, under the Family Educational Rights and Privacy Act of 1974, 20 U.S.C.A. Section 1232g (a) (1), to the HCEC Letter of Evaluation prepared by the Cornell University Health Careers Evaluation Committee for my application to health career schools.

Signature: _____ Date: _____

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Statement #3: 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, 2017 and December 31, 2017 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 #4: HCEC Committee Letter Packet Approved Destinations

I may not authorize the release of the *HCEC 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.

Signature: _____ Date: _____

Statement #5: Registration Timeline Agreement

I understand that it is my responsibility as an HCEC registrant to supply the HCEC Committee office with all applicant-prepared file content required to complete my file in accordance with the HCEC deadlines published in the **2012 Applicant Guide**, on the HCEC web site, and otherwise provided to each applicant. These deadlines vary by applicant category (regular undergraduate students, transfer students, students studying off campus in the spring, alumni) and individual situations. If I do not meet these deadlines, the HCEC Chairperson will require me to submit a statement explaining the lateness. The HCEC Chairperson will evaluate my explanation. At his discretion certain consequences may apply. First year transfer students and students studying off campus in the spring are exempt from HCEC standard undergraduate deadlines.

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

- I am a first year transfer student.
- I 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 am a Cornell graduate and understand that my only deadline is to submit my online registration and remit fee by 9/1/12.

Signature: _____ Date: _____

Note: Your Health Careers Evaluation Committee registration is not complete until this Registration Agreement form is signed and submitted to the HCEC office and payment has been received.