BATES COLLEGE REGISTRATION AND STATUS OF MEDICAL STUDIES FILE

Office of Career Services 207-786-6233

REGISTRATION FORM TO OPEN REFERENCE FILE

Name:			Class:
Permanent	Address:		
Home Tele	e Telephone:Home E-mail Address:		
Bates Box	Number:	Bates Telephone:	Bates E-mail:
Major:		Secondary Conce	ntration:
REFERE	NCES		
reference f obtaining r members a	file and releases reference forms and other refere	copies to your prospective gradu from the Office of Career Service	alty, administrators and employers in your late schools. You are responsible for es, filling them out, giving them to faculty be sure the references have been sent to lease initial
		•	om your OCS reference file in support of re mailing receipt dates. Plan ahead!
THE BUC	KLEY/FERPA	AMENDMENT	
persons out		Therefore, it is necessary for you t	in your college files can be made available to o give written consent to the Office of Career
a.		permission that would allow the Offeir or your request.	ice to release copies of your file to graduate
b.		or the Office to release copies of yourization from you in each instance.	ur file only upon receipt of verbal or
you, including the case of you to waiv	ing copies of lett of a request for a re right of inspec	ers of recommendation. However, ye confidential letter of reference. This	right to inspect college records pertaining to ou may waive this right, as would be necessary s waiver is purely voluntary; no one can require right to inspection, you must sign the waiver reference writer.
Services to	and understand accept, duplic	• •	dment. I authorize the Office of Career espective graduate schools (a.) at theonly at my request.
(Signature))		(Date)

STATUS OF MEDICAL STUDIES FILE CANDIDATE FOR FALL OF 2010

Name:	Class:
Social Security #	
AMCAS ID #	
RELEASE/Institutional Action/Disclos	ure
including records of any disciplinary action. action taken against me by Bates to the Chair	ors will review my file with the Office of the Dean of Students, I understand that I am responsible for disclosing any disciplinary of the Medical Studies Committee prior to Committee support of the program. I understand that failure to do this may preclude
(Signature)	(Date)
the OCS, an interview will be arranged wa	omplete and you have had a mock interview (if required) at ith the Committee. R OFFICE USE ONLY
OCS Registration Form	
Registration Information for	r the Medical Studies Committee
Personal Statement	
Unofficial Transcripts from	all post-secondary schools you attended
Waiver Statement for the M	edical Studies Committee Letter
References:	
1	
2	
3	
4	
5	
Mock Interview at OCS scheduled	
Committee Interview scheduled for	or