



**GEORGETOWN SCHOOL OF MEDICINE EARLY ASSURANCE PROGRAM
APPLICATION FORM**

Please type or use black ink only.

NAME: _____ GOCard # _____

Email address: _____

Local Address: _____ Home Address: _____

Local Phone: _____ Home Phone: _____

MAJOR: _____ MINOR: _____ CLASS YEAR: _____

2nd Major: _____ 2nd Minor: _____

Please supply the name & department or address for four references from
Georgetown:

1. Science Faculty:

3. Non-science faculty:

2. Science Faculty:

4. Character Reference:



CONFIDENTIALITY CLAUSE

Please read and sign one of the options regarding rights to use this evaluation process and the documents submitted on your behalf as well as the general waiver of liability below.

Non-confidential PMC recommendation: I retain my right to see references submitted for me and the committee's final recommendation form.

_____ (Signed) _____ (Date)

Confidential PMC recommendation: I wave my right to see references submitted for me and the committee's final recommendation form.

_____ (Signed) _____ (Date)

WAIVER OF LIABILITY

I authorize and give full consent for the persons named on the reverse side of this page as well as the faculty members and administrators serving on the Pre-Medical Recommendation Committee to provide a reference for me. I realize this reference may be positive or negative and regardless of its contents I release the faculty, staff, administrators, and board of directors of Georgetown University from any and all liability.

_____ (Signed) _____ (Date)

Please affix a photo of yourself here

PMC Chair's Approval of Application:

Dean Ali Whitmer or Dean Tad Howard