



**Diversity in Medicine Scholarship Program
2018-2019 Application Cycle**

Verification of Academic Standing

INSTRUCTIONS

To complete this form:

- Please sign the waiver acknowledging that you are allowing AMSNY to receive information regarding your academic standing. Also, be sure to fill in the name of your institution.
- Have the form completed with respect to academic standing and ethical/honor board violations by the Office of the Registrar. If your Registrar cannot provide information about ethical standing, please have the AMSNY CDMA Representative sign in their place.
- **Return the form to AMSNY by June 18, 2018, by emailing it to scholarship@amsny.org.**

**STUDENT WAIVER
2018-2019 Application Cycle**

I hereby waive my rights under the Family Educational Rights and Privacy Act of 1974 (FERPA) and I grant permission for _____ to release
(medical school)
academic and ethical/honor board information to the Associated Medical Schools of New York for the purposes of application for the Diversity in Medicine Scholarship.

Student First and Last Name

Student Signature

Date



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ACADEMIC STANDING

I certify that _____ is a _____ year
(first and last name of student) (current year in medical school)

medical student at _____:
(medical school)

- is in good academic standing with our registrar without any academic probations or holds on his/her transcript.
- has had no honor board violations or such similar ethical violations as defined by our institution.

Signature of Registrar

Date

IF NEEDED:

AMSNY CDMA Representative First and Last Name

Date

AMSNY CDMA Representative Signature