



**Diversity in Medicine Scholarship
2019-2020 Application Cycle**

Verification of Academic Standing

INSTRUCTIONS

To complete this form:

- **Part 1 – APPLICANT:** Please complete and sign the waiver on the top portion of the form acknowledging that you are allowing AMSNY to receive information regarding your academic standing.
- **Part 2 – OFFICE OF THE REGISTRAR:** Please have the Office of the Registrar complete the form with respect to your academic standing and ethical/honor board violations. The Registrar should submit the completed form in PDF format to scholarship@amsny.org by June 17, 2019.



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STUDENT WAIVER

I hereby waive my rights under the Family Educational Rights and Privacy Act of 1974 (FERPA) and I grant permission for _____ to release
(school for 2018-2019 academic year) academic and ethical/honor board information, and information about financial aid, 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

ACADEMIC STANDING

I certify that _____ is a post-baccalaureate student or
(first and last name of student) medical student at _____ and is in:
(school for 2018-2019 academic year)

___ **good academic standing** with our registrar without any academic probations or holds on his/her transcript. I also certify that the student has had no honor board violations, or such similar ethical violations as defined by our institution.

___ **poor academic standing**, meaning: _____
(explanation)

Registrar First and Last Name

Registrar Signature

Date

The Office of the Registrar should email this completed form in PDF format to scholarship@amsny.org by June 17, 2019.