

**(Form 1b)**

**Addendum to Form 1**

**Update on activities relevant to your medical school application**

Note: The purpose of Form 1b is to update the Health Professions advisory committee (HPAC) on any activities that you have been involved with since leaving Grinnell that would be relevant to a committee letter. These activities might include job or volunteer activities relevant to the biomedical sciences. IT IS NOT A REPLACEMENT FOR FORM 1.

MAIL the completed form to:

**Doug Peterson  
Science Division Office -- #1232  
Grinnell College  
Grinnell, IA 50112**

A faxed copy must be followed by a signed, mailed copy.

Contact Doug Peterson at (641) 269-3172 or by email at [petersod@grinnell.edu](mailto:petersod@grinnell.edu) or by fax (641) 269-4285 if you have any questions.

Student name (please print): \_\_\_\_\_

I request the Health Professions Advisory Committee (HPAC) to prepare a committee letter of reference for me. The purpose of the reference is admission to an educational institution in the health professions (indicate specific type of institution below). The committee will release this prepared letter to specific educational institutions upon my request utilizing Form 2: Authorization to Send Committee Letter of Recommendation.

I authorize the HPAC to release information and provide an evaluation about any and all information from my education records at Grinnell College, including information pertaining to my education at other institutions I have previously attended which is a part of my education records at Grinnell College. The HPAC is authorized to solicit opinions from each of the instructors of record for courses on my transcript as well as the individuals at Grinnell College indicated below. I further authorize the HPAC to seek confidential information from the Vice President for Student Services concerning any conduct or academic honesty offenses at Grinnell College, the severity of the offense, and any penalties imposed.

I understand further that: (1) I have the right not to consent to the release of my education records at Grinnell College; (2) except as may be provided by my waiver indicated below, I have a right to receive a copy of any written reference upon request; and (3) that this consent shall remain in effect until revoked by me, in writing, and delivered to the HPAC, but that any such revocation shall not affect disclosures made prior to HPAC's receipt of my written revocation.

I am applying to the following type of graduate health professions educational institution (medicine, nursing, veterinary, med. technician, etc.): \_\_\_\_\_

I expect to complete my application by the following date (MM/YYYY, primary AMCAS application if you are applying to medical school): \_\_\_\_\_

State of legal residence: \_\_\_\_\_ Grinnell Major: \_\_\_\_\_

Tutorial Advisor: \_\_\_\_\_ Major Advisor: \_\_\_\_\_

Graduation Year: \_\_\_\_\_ Student ID No: \_\_\_\_\_

The following names and e-mail addresses are of individuals that HPAC can query in addition to my professors of record (*e.g.* work supervisors, research collaborators, etc.).

| Name  | E-mail address | Contact with applicant |
|-------|----------------|------------------------|
| _____ | _____          | _____                  |
| _____ | _____          | _____                  |
| _____ | _____          | _____                  |
| _____ | _____          | _____                  |

[By **initialing** on the line below I am waiving my right to review any recommendation issued pursuant to this request.]

\_\_\_\_\_ I hereby waive all rights of access which I may have, now or at any time in the future, to any reference provided in response to this request.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**Current Contact Information:**

e-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Extracurricular activities and work experience are very important to most professional schools. Describe job or volunteer activities in which you actively participated *since leaving Grinnell*. Describe how they are related to the health professions. Please be as specific as possible. Indicate contact information for each activities where relevant.

Make a brief statement as to why you wish to enter the profession to which you are applying and what prompted your decision. (NOTE: This can be an update to your initial Form 1 statement).