Davidson College Transcript Request:
In order to complete your evaluation the Premedical Advisory Committee (PAC) must have an official copy of your Davidson College transcript. Please sign the release statement.

Release Statement: I authorize the Registrar of Davidson College to release my transcript to the Premedical Advisory Committee (PAC)

Signature ____________________________
Print _________________________________

Other College Transcript Requests:
Please indicate other institutions where you have matriculated. You must provide a transcript(s) from those institutions. It may be an official or an unofficial copy.

1. ______________________________________

2. ______________________________________

3. ______________________________________

Institutional Action:
Have you ever been the recipient of any action (e.g., dismissal, disqualification, suspension, etc.) by any college for: (1) unacceptable academic performance or (2) conduct violations? If you answer yes to this question, you are invited to give a brief description as an addendum to your personal statement. Please note that AMCAS will require you to answer this question as well.

Place an “X” in the appropriate place: ☐ No ☐ Yes

Signature ____________________________
Print _________________________________

I waive (☐) / do not waive (☐) my right to see the composite recommendations and statement prepared by the Premedical Director.

Signature ____________________________ Date ____________

Mail this completed and signed form to the Premed Office, ATTN: Amber MacIntyre, Program Coordinator, 101 Preyer Building, Campus Box 7135, Davidson, NC 28035-7135. Be sure to keep a copy for your files.