Student National Medical Association
Weill Cornell Medical College
Health Professions Recruitment/Exposure Program 2027

PARENTAL CONSENT FORM

DECLARATION

TO APPLICANT: Please read carefully, print your name clearly and sign this statement.

I, _____, declare that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any false information given will disqualify me from participation in the program. Also, I am aware that I must submit an official copy of my school transcript, two essays and two letters of recommendation that meets the requirements listed on the instruction sheet.

I understand that, in order to successfully complete the program and receive a Certificate of Completion, attendance is required at all nine (9) to ten (10) Friday virtual, and if any in-person, sessions from 4:15 P.M. to 6:30 P.M.

Applicant
Signature_____Date_____

TO PARENT OR LEGAL GUARDIAN: Please read carefully, print your name clearly and sign this statement.

I, _____, grant my permission for the above named minor to apply to the HPREP Program, which consists of nine to ten Friday virtual, and if any in-person, sessions from 4:15 P.M. to 6:30 P.M. I understand attendance is required for all sessions in order to complete the program, should he/she be accepted.

Guardian
Signature_____Date_____