CONSENT AND WAIVER

I understand that future professional medical credentials committees, residency programs, and other such agencies will require documentation from Student Affairs at Tulane University School of Medicine summarizing my academic record during my tenure as a medical student. One such form this documentation may take is the letter known as the Medical Student Performance Evaluation (MSPE). Agencies may also request that Student Affairs complete a specific form, which they will provide.

Therefore, I give Tulane University School of Medicine permission to provide verification of my enrollment, attendance, and graduation as requested by legitimate agencies for the purpose of licensure, accreditation, and other such related matters. In addition, I agree that the MSPE, which includes data from academic record, clinical performance characteristics as summarized in my clerkship reports, as well as other documentation related to or summarizing my standing as a student may be released to credentials committees, residency programs, and other legitimate agencies who may request this information. I also understand that the MSPE will be a permanent part of my academic record at Tulane University School of Medicine.

I further recognize that Student Affairs is obligated by the National Resident Matching Program (NRMP) Match Participation Agreement to notify, either verbally or in writing, the residency programs, as well as the NRMP, of any changes in my academic performance or progress that could render me ineligible to graduate and enter graduate medical education on July 1st in the year of Match. I further give Student Affairs permission to address, telephone, and e-mail inquiries from residency program personnel who request additional information or clarification regarding my application for residency training.

My signature below certifies that I understand that my MSPE may be updated after the release date of October 1, 2016. This includes the addition of an addendum (e.g., graduate date, M4 Honor grades, and awards) and could include updates to enrollment and performance data.

My signature below certifies that I acknowledge that the MSPE remains the property of Tulane University School of Medicine. Copying, printing, sharing or removing the draft MSPE is a violation of the Honor Code and may result in referral to the Committee on Academic Progress and Promotion (CAPP).

__________________________  __________________________
Signature                      Date

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Printed Name