



Framingham State University

HEALTH PROFESSIONS ADVISORY COMMITTEE

Intent to Apply Form

Return completed form to the HPAC Chair by
December 1st before the summer in which you will apply:

The purpose of this Intent to Apply form is to notify HPAC that you will be applying to health professional schools. Please be sure to check the Pre-Medical Studies and Health Professions website for the other materials that need to be submitted and the deadlines associated with your application.

This form must be received before or on the due date indicated above.

Complete and check all that apply:

Today's Date: _____

Print Your Name: _____

Signature: _____

Campus Email Address: _____

Off Campus Email address: _____

- I will apply to **medical** schools for admission in 20____.
- I will apply Early Assurance or Early Decision to_____.
- I am considering osteopathic medical schools as well as allopathic.
- I am considering only osteopathic medical schools.
- I am considering MD/PhD.
- I will apply to **dental** schools for admission in 20_____.



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- I will apply to **foreign medical** schools for admission in 20_____.
- I will apply to **nursing accelerated BSN** or **accelerated MSN/NP** schools for admission in 20_____.
- I will apply to **occupational therapy** programs for admission in 20_____.
- I will apply to **optometry** schools for admission in 20_____.
- I will apply to **pharmacy** schools for admission in 20_____.
- I will apply to **physical therapy** programs for admission in 20_____.
- I will apply to **physician's assistant** programs for admission in 20_____.
- I will apply to **podiatry** schools for admission in 20_____.
- I will apply to **post-baccalaureate** programs for admission in 20_____.
- I will apply to **public health** programs for admission in 20_____.
- I will apply to **veterinary** medical schools for admission in 20_____.
- I will apply to **chiropractic** schools for admission in 20_____.
- I will apply to a health professions program (not listed above) that requires or recommends that I go through the HPAC process.

Name of Program: _____

INSTITUTIONAL ACTION: Were you ever the recipient of any institutional action by Framingham State University for unacceptable academic performance, a violation of the Academic Code, or a conduct violation of any type? If yes, provide us with an explanation of the violation(s). In addition, please provide a copy of the sanction letter you received from Judicial Affairs, Residence Life, or the appropriate University body. The sanction letter is the document in which the violation and your penalties are fully described. If you are not certain whether you have been subject to an institutional action, you may request reports from Judicial Affairs, Residence Life, Dean of Students, your Dean's Office (Academic Code violations), or other appropriate offices. Attach your sanction letter(s). (If this section does not apply to you, you must answer it with "Not Applicable.")



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FELONIES AND MISDEMEANORS: Please disclose and explain any felonies or misdemeanors that may appear on your record. (If this section does not apply to you, you must answer it with "Not Applicable.")