

## Volunteer Clearance Form

### Volunteer Section

The prospective volunteer should complete the top half of this form and give to his or her advisor in the Postbac Premed Program Office.

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**UNI**

By signing below, the prospective volunteer is authorizing the Postbac Premed Program Office to release the information requested below to the respective volunteer office.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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### Advisor Section

The advisor should complete the lower half of this form and return to the advisee it concerns.

This student is in good academic standing at the School of General Studies.

\_\_\_\_\_ YES \_\_\_\_\_ NO

If no, explain:

\_\_\_\_\_  
\_\_\_\_\_

This student is in good disciplinary standing at the School of General Studies.

\_\_\_\_\_ YES \_\_\_\_\_ NO

If no, explain:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Advisor Signature**

\_\_\_\_\_  
**Date**