WakeMed PA Clinical Campus Faculty Advisor Endorsement

Name:\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class of: \_\_\_\_\_\_\_\_\_ Faculty Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student attestation (please initial):

\_\_\_\_\_\_\_\_\_ I have discussed my desire with my faculty advisor to apply to the WakeMed PA Clinical Campus.

Faculty attestation (please initial):

\_\_\_\_\_\_\_\_\_ This student is in good academic standing after didactic year, fall semester.

\_\_\_\_\_\_\_\_\_ After discussion with the student, I fully support their application for the WakeMed PA Clinical

Campus.

Student signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty advisor signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_