**Campbell University Jerry M. Wallace School of Osteopathic Medicine**

**Sigma Sigma Phi**

**Chi Upsilon Chapter**

**Request to the Registrar**

I give the Sigma Sigma Phi Chi Upsilon Chapter membership selection committee permission to request my exact GPA from the Office of the Registrar. I also certify that I have not had to remediate any courses during my time at Campbell University School of Osteopathic Medicine and give the committee permission to verify my academic status in this regard.

By signing, I understand that a failure to meet either of these requirements is grounds for disqualification as an applicant.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ADMINISTRATIVE USE ONLY**

\_\_\_ It is confirmed that the above named student has a grade point average of \_\_\_\_\_\_\_\_\_\_\_\_ and has not remediated coursework.

\_\_\_ It is confirmed that the above name student does not meet the GPA requirements and/or has had to remediate.