

University of Hawai'i at Mānoa
John A. Burns School of Medicine

IMI HO'OLA POST-BACCALAUREATE PROGRAM

651 Ilalo Street, MEB • Honolulu, HI 96813
Telephone: (808) 692-1030 • Fax: (808) 692-1254

Imi Ho'ola Consent Form

NAME OF APPLICANT: _____
LAST FIRST MIDDLE

AMCAS ID#: _____

INSTRUCTIONS

Please complete and submit with your application to the Imi Ho'ola Post-Baccalaureate Program.

I hereby give permission to the Admissions Officer at the John A. Burns School of Medicine to release a copy of my 2010-2011 AMCAS application and Verification of Science Prerequisites Form to the Imi Ho'ola Post-Baccalaureate Program.

SIGNATURE

DATE