
APPLICANT/STUDENT ACKNOWLEDGEMENT OF REVIEW

Before signing this acknowledgement of review, if you have any questions about the School of Medicine’s Technical Standards and/or the process for requesting accommodations, please contact the School of Medicine’s Office of Admissions, Student Affairs, or Disability Resources for Students.

Name: _____ Date: _____

I am aware of how to seek accommodations for disability should they be required through the office of Disability Resources for Students (DRS) at the University of Washington.

I have read and understand the expectations for successful completion of the MD degree described and can meet these with or without accommodations as described above.

Applicant or Medical Student Signature

Date

- Rev. 12/2013
- Rev. 09/1/15
- Rev. 1/2018
- Rev. 3/2018
- Rev. 9/2021