

<p>Personal Statement (Please type or print and limit to the space provided. Comment upon your commitment to service and your desire to practice medicine in rural Kansas.)</p>	<p>Name</p>
<p>I certify that the information in this application is current, complete, and accurate to the best of my knowledge.</p>	
<p>Student Signature</p>	<p>Date</p>

Waiver of Access: I, _____, hereby freely and expressly waive any and all rights of access to this letter of evaluation as granted me by the Family Rights and Privacy Act. I understand this waiver is limited to this document and is irrevocable.

Signature _____ Date _____

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