

**CONTINGENCIES FOR MATRICULATION Class of 2029 – Entering Fall 2025**

Please initial each item indicating you understand and will comply with the requirements. Please return the signed document via email to [IncomingDPM@utrgv.edu](mailto:IncomingDPM@utrgv.edu).

\_\_\_\_\_ Completion of all required courses as listed in the Requirement Section of the SOPM webpage. This information can be found under the [Admissions Education Requirement](#) section.

\_\_\_\_\_ **Submission of Official Transcripts from all Colleges and Universities:** All official transcripts must be received by **July 1, 2025**, and can be submitted in one of two ways—electronically or by mail—to the addresses listed below. To be considered official, transcripts must be sent directly from the issuing institution and must include the date and degree conferred.

**Electronic Submission:** [SOPMregistrar@utrgv.edu](mailto:SOPMregistrar@utrgv.edu)

**Mail:** Attn: SOPM Registrar Services – 2.104

UTRGV School of Podiatric Medicine

2102 Treasure Hills Blvd.

Harlingen, TX 78550

The items that follow can be accessed and uploaded through the [CastleBranch portal](#):

\_\_\_\_\_ **Submission of a Criminal Background Check:** You are responsible for obtaining a criminal background check (CBC) through CastleBranch. You will be asked to complete this national criminal background check no sooner than **April 01, 2025**, and no later than **June 30, 2025**. Regardless of any information disclosed during the admissions process, admission is contingent upon receiving a CBC showing no felony convictions and/or other serious violations described at [Admissions Education Requirement](#).

\_\_\_\_\_ **Submission of a Drug Screen:** You are responsible for obtaining a drug screening through CastleBranch. You will be asked to complete this screening no sooner than **June 01, 2025**, and no later than **July 1, 2025**.

\_\_\_\_\_ **Satisfaction of all Technical Standards specific to SOPM:** Please review and sign the [Technical Standards form](#), which outlines the essential abilities required to succeed in podiatric medicine and ensure patient safety. Completing this form affirms your readiness to meet the program's professional and academic expectations. Once signed, upload the completed form to the CastleBranch by **July 1, 2025**.

\_\_\_\_\_ **Satisfaction of all Immunization Requirements:** Attached in the contingency email is the Standardized Immunization form. This must be signed by an authorized healthcare provider and uploaded to your CastleBranch portal no later than **July 01, 2025**. If you have any question regarding immunization requirements, contact: [StudentHealthServices@utrgv.edu](mailto:StudentHealthServices@utrgv.edu).

I hereby acknowledge that I have read, understand, and will abide by all the contingencies for matriculation, including the Technical Standards at The University of Texas Rio Grande Valley School of Podiatric Medicine. I also acknowledge all requirements must be completed and submitted by **July 1, 2025**, unless otherwise stated.

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Print

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TMDSAS

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Signature

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Date