



2018 Cycle - Committee Letter Request Form

Applicant Name _____ C # _____
Last First

Mobile Phone # _____ E-Mail _____

Permanent Address _____ City _____ State _____ Zip _____

Local Address: _____ City _____ State _____ Zip _____

Major(s) _____ Minor(s) _____

ACADEMIC RECORD

Year-by-Year GPAs:	<u>Science</u>	<u>Non-Science</u>	<u>Overall</u>
Freshman	_____	_____	_____
Sophomore	_____	_____	_____
Junior	_____	_____	_____
Senior	_____	_____	_____
Cumulative GPA	_____	_____	_____

SIX LETTERS OF EVALUATION TO INCLUDE IN COMMITTEE LETTER PACKET

Please list the complete name of the evaluator in the appropriate sections below:

Science 1: _____ Science 2: _____ Science 3: _____

Non-Science: _____ Outside 1: _____ Outside 2: _____

COMMITTEE LETTER INTERVIEW CHECKLIST

All of the items/information mentioned below must be in your pre-health file 48 business hours before your interview:

- | | |
|--|---|
| <input type="checkbox"/> Pre-Health committee letter request form | <input type="checkbox"/> Unofficial transcript or Degree Progress Report (DPR) |
| <input type="checkbox"/> Professional development activities form | <input type="checkbox"/> Curriculum vitae / résumé |
| <input type="checkbox"/> Autobiographical essay | <input type="checkbox"/> MCAT/DAT date taken/planned: _____ |
| <input type="checkbox"/> Personal Statement | <input type="checkbox"/> MCAT/DATE score (only if you have taken the exam and received your score) _____ |
| <input type="checkbox"/> 301 Session , date attended: _____ | |

STUDENT AGREEMENT

I understand and agree that once my committee letter packet is compiled and is sent to my designated health professional school(s), I cannot update, modify, change or add additional letters of evaluation to my committee letter packet.

I also understand that the committee letter will be compiled and used in accordance with the signed right of access waiver (*Buckley Form & Student Agreement Form*) in my Pre-Health file and that a statement regarding my disciplinary status with the Dean of Students Office will be included in my letter.

Signature of applicant: _____ Date: _____