



2018 Cycle Re-Applicant Request Form

Please complete this form if you have previously applied to a previous application cycle for an update / revised committee* letter packet or cover letter packet. *Please also follow the procedures outlined in the request for a committee letter.

Applicant Name _____ C # _____
Last First Middle Initial
Mobile Phone # _____ E-Mail _____
Permanent Address _____ City _____ State _____ Zip _____
Local Address _____ City _____ State _____ Zip _____
Major(s) _____ Minor(s) _____

LETTERS OF EVALUATION TO INCLUDE IN RE-APPLICANT LETTER PACKET – MAXIMUM OF SIX

I wish to use the same letters of evaluation that I had included in my previous letter packet for the last application cycle.

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: _____

I wish to use different letters of evaluation:

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: _____

APPLICATION CHECKLIST

All of the items mentioned below must be in your pre-health file before you can request a letter packet:

- Re-applicant request form
- Copy of Copy of completed and submitted application showing submission date (AMCAS/TMDSAS/AADSAS/AACOMAS* or other application portal). * AACOMAS applications does not show date of submission).
- AMCAS letter request form (if applicable)
- All individual letters of evaluation
- MCAT or DAT score if getting an updated committee letter

STUDENT AGREEMENT

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

I also understand that the re-applicant letter packet will be processed 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: _____