



## 2018 Cycle - Cover 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>Overall</u>
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Freshman	_____
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Sophomore	_____
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Junior	_____
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Senior	_____
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Cumulative GPA	_____
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### LETTERS OF EVALUATION TO INCLUDE IN COVER LETTER PACKET – MAXIMUM OF SIX

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: \_\_\_\_\_

### APPLICANT CHECKLIST

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

- Pre-Health cover letter request form
- 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

### STUDENT AGREEMENT

I understand and agree that once my 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 cover letter packet.

I also understand that the cover 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: \_\_\_\_\_