

Pre-Health Professions Office

Request to send recommendation letter/evaluation Packets

Name _____

Phone number _____

Student ID _____

Email _____

AMCAS (other) ID _____

I request that the Pre-health Professions Office send my letters to the following schools (I already received supplemental applications from these schools). I understand that I must provide the postage or pay for a Virtual Evaluation Account.

<u>School</u>	<u>Address</u>	<u>Contact and Phone</u>	<u>Special Notes</u>	For Office use only (Date Sent)
1.				
2.				
3.				
4.				
5.				

<u>School</u>	<u>Address</u>	<u>Contact and Phone</u>	<u>Special Notes</u>	For Office use only (Date Sent)
1.				
2.				
3.				
4.				
5.				
6.				