



Pre-Professional

Recommendation Request:

All students seeking letters of recommendation for post-graduate education in any Health Profession need to complete this form and submit it, along with an official copy of standardized test scores (*ie*, MCAT, OAT, GRE, PCAT, DAT, or other) to the Health Professions Advisor no less than 30 days prior to the due date of the letter. Late requests may not be honored.

NAME: _____
MAJOR(S): _____
GPA: Cumulative _____ **Major:** _____
Hours completed toward degree: _____

Program(s) to which the student will be applying: Please include name of institution, Department (where applicable), address, phone and date the application/letter is due for each (30 day notice minimum).

1. _____

2. _____

3. _____

4. _____

Faculty member(s) requested by student to write letter(s): Please fill in the blanks **ONLY** as needed (*ie*, if your school requires two letters, fill in two faculty requests).

1. _____
2. _____
3. _____
4. _____

**requests need not/may not be submitted for Medical/Podiatric School applicants. In these cases the committee as a whole will compose one letter.

Has the student included a copy of standardized test scores?

YES

NO (no letter will be written without scores)