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)