

Pre-Health Professions Office

Request to send recommendation letter/evaluation Packets

Name:	Email:
<u>Committee Interview:</u> Yes / No / Scheduled	AMCAS/AADSAS ID:
I request that the Pre-health Professions Office send my letters to the following schools. I understand that I must provide the postage or pay for a Virtual Evaluation Account when appropriate (\$12.00 for VE, \$5.00 for AADSAS letters/priority mail).	
Please select: AMCAS / AACOMAS (Please attach a list of all Osteopathic Medical Schools) — Committee Letter (committee letter + all other letters) — Letter Packet (no committee letter, all other letters sent as packet)	
AADSAS Committee letter + Dentist Letter Individual Letters (4 maximum)	
For Office Use only:	
Approved on:	
Dv:	

Notes: