

ADVISORY COMMITTEE FOR THE HEALTH PROFESSIONS
COMMITTEE LETTER REQUEST FORM

Student's name _____ email: _____

Date _____ Phone: _____

I request that a committee letter of evaluation be written on my behalf. This letter will be sent to (check one)

- Medical schools
- Dental schools
- Veterinary schools
- Podiatry schools
- Optometry schools
- Other (note here) _____

The individual letters of recommendation I have requested which should be on file with the committee are:

Recommender's name	Date requested
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Students take note:

- ◇ This request needs to be submitted to the chair of the ACHP *well in advance* (at least four weeks, preferably 6-8 weeks) of your secondary applications being due. The entire committee contributes to this letter, and it takes a long time to write and rewrite.
- ◇ On a separate sheet of paper, you need to list the schools to which the committee letter will be sent, *along with addresses*, to the Arts and Sciences division office. We will **not** look up addresses for you. A template is available from the ACHP web site.

- I waive my right to see the committee's letter.
- I do not waive my right to see the committee's letter.

Student's signature:

Date: