



Advisory Committee for the Health Professions

Date _____

Dear _____

This letter is to confirm that _____ is a student in our pre-health program. In order to be considered a member of the program, the student named above has to regularly meet with members of the advisory committee for the health professions, attend group functions, and not be on academic probation. If you have any questions, please do not hesitate to contact me.

Sincerely,

(this letter not valid unless signed)

Adam K. Pack, Ph.D.

Chair, Advisory Committee for the Health Professions

Utica College, 1600 Burrstone Rd Utica NY 13502

apack@utica.edu

(315) 792-3129