

Request for a Cover Letter from the HPAC

Instructions: Fill out this form, sign, and return by *May 3, 2010* to:

Dr. Karen Kirk, Chair
Health Professions Advisory Committee
Department of Biology – P5
555 North Sheridan Road
Lake Forest, IL 60045
kirk@lakeforest.edu

_____, I, _____, have applied for admission to medical
(Init.) (Sign)
school or other health professions graduate schools. For purposes relating to those applications, I request that the Health Professions Advisory Committee of Lake Forest College send my committee letter of recommendation to the institutions I will provide. This is in accordance with PL 93-380, section 438.

_____, I have agreed to allow the Committee access to grades, GPA, and class rank, and allow
(Init.)
the use of this and any and all information provided by the undersigned, the recommenders listed below, or the College, for the purpose of creating this letter of recommendation.

Evaluator's name and address: Health Professions Advisory Committee
Lake Forest College
555 North Sheridan Road
Lake Forest, IL 60045

Please list 3 to 5 evaluators, depending on the program you applying to:

Evaluator's name, title, institution or place of work, email:

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Evaluator's name, title, institution or place of work, email:

Evaluator's name, title, institution or place of work, email:

Evaluator's name, title, institution or place of work, email:

Applicant
Summer Address:

(Typed or printed)

City, State, Zip:

(Typed or printed)

Post Graduation
E-mail:

(Typed or printed)

Cell Phone:

(Typed or printed)

Applicant is applying to:

☐ Medical School (Allopathic or Osteopathic)

☐ Dental School

☐ Veterinary School

☐ Other (specify) _____

_____ I hereby waive all rights of access, which I may have now or at any time in the future, to any letter of reference provided in response to this request.

_____ I do not waive any of these rights and therefore this letter should not be viewed as confidential.

Applicant's Signature

Date