



## MA in Biomedicine

### Professional Health School Intent to Apply Form

Name \_\_\_\_\_ Application Year \_\_\_\_\_

Type of health school applying to \_\_\_\_\_

Type of recommendation letter:                      committee \_\_\_\_\_                      individual \_\_\_\_\_

If individual, name of professor(s) you will request letters from:

\_\_\_\_\_  
\_\_\_\_\_

I authorize the release of academic and personal information, including grades and GPA information to be included in my reference letter.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date