

**Composite Letter Packet Request Form for 2019
First-Time Applicant to Professional Health Science Schools/Programs**

Name: _____ Date: _____

SIS ID: _____ NET ID: _____ State of Residence: _____

I am applying to the following types of schools/programs (may select more than one):

____ M.D. ____ D.O. ____ MD/PhD or DO/PhD

____ Dental ____ Vet Med ____ Optometry

____ Other: _____

I will provide a link to the following electronic services for submitting the Composite Letter Packet (may select more than one):

____ AMCAS ____ AACOMAS ____ TMSAS ____ AADSAS

____ Other: _____

CWRU INFORMATION

Matriculation (Term/Year) _____ Expected Graduation (Term/Year) _____

Current GPA _____ Current Science GPA _____

Major(s) _____

Minor(s) _____

STANDARDIZED TEST RESULTS (list most likely date of exam if you have not taken it)

MCAT: Date of Exam _____

Composite _____ CPF _____ CARS _____ BBF _____ PSB _____

DAT: Date of Exam _____

Academic Average Score _____ PAT Score _____

OAT: Date of Exam _____

Composite Score _____

PCAT: Date of Exam _____

Scaled Composite Score _____ Percentile Composite Score _____

GRE: Date of Exam _____

Verbal Reasoning _____ Quant. Reasoning _____ Analytical Writing _____

Submit completed form and accompanying documents to Post Graduate Planning and Experiential Education in Sears Building 229 or electronically by emailing prehealth@case.edu

To guarantee the Composite Letter Packet is submitted by August 1, 2019, this form and accompanying documents must be received by **March 8, 2019**, and letters of recommendation by **June 3, 2019**.
The latest date (no exceptions) this form will be accepted for the 2019-20 Application Cycle is **June 28, 2019**.

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SHORT ESSAYS

Answer the following questions in a separate document that should accompany this form. Please provide no more than **one page** single spaced per question except question one which can be 5300 characters.

1. Describe how you became interested in pursuing a career in your chosen health profession. Include any relevant experiences, influences, and overcome hurdles or setbacks.
2. What clinical exposure (job shadowing and volunteer or paid work) have you had as a CWRU student and in high school? What did you learn from these experiences about your intended profession? About yourself?
3. What research experiences have you had as a CWRU student and in high school? What did you learn from these experiences about the research process? About yourself?
4. Which of your extracurricular experiences (other than clinical exposure and research) during your college career have been most meaningful? Explain in what ways you feel these experiences have strengthened your qualifications for a career in your chosen health profession.
5. Please answer one of the following questions: In what ways are you a different individual than when you matriculated to CWRU? Or talk about a time when you were a servant leader? Provide examples of experiences, accomplishments, or new perspectives that demonstrate how you have developed as an individual.

ACADEMIC AND JUDICIAL RECORD

Have you ever been found responsible of an Academic Integrity and/or Judicial violation?

No _____ Yes _____ If yes, which semester(s)? _____

If yes, explain the nature of the violation and what you have learned from the experience in a short essay (1 paragraph) that is attached to this document.

RESUME AND FOLLOW-UP MEETING

Along with this form, you must submit a **resume** that includes all clinical experiences (job shadowing and volunteer), research positions, student organizations, service work, and other employment during your college and post-baccalaureate years. It is advisable to include clinical exposure and research experience that occurred while in high school.

After submitting this form, you will be required to schedule a **follow-up meeting** to discuss your essay responses and your application. The meeting will need to be at least three business days after you submit the form. To schedule an appointment either call 216-368-5421 or stop by the front desk of Sears 229.

LETTERS OF RECOMMENDATION

The Composite Letter Packet requires the inclusion of three letters of recommendation from CWRU faculty. Two of the faculty letters must come from the STEMM areas (best practice would be biology, chemistry physics or math). At least one of these two letters must come from a STEMM faculty member who has taught a course in which you were enrolled. The third faculty letter must come from a non-STEMM area, such as the arts, humanities, social sciences, or business. Up to two additional letters may be submitted

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for inclusion in the letter packet. These letters may come from additional faculty members, primary investigators and research mentors, health professionals you have shadowed, work/organization supervisors, coaches, and others.

Letters of recommendation submitted to the Pre-Med/Pre-Health Advisors should be accompanied by the **Letter of Recommendation Submission Form**.

Letters will be submitted to the Pre-Med/Pre-Health Advisors from the following individuals:

STEMM Faculty Letter Writer #1 _____

STEMM Faculty Letter Writer #2 _____

Non-STEMM Faculty Letter Writer _____

Other Letter Writer #1 (Optional) _____

Other Letter Writer #2 (Optional) _____

IMPORTANT — Please notify the Pre-Med or Pre-Health Advisor immediately if you decide to go with a different letter writer than those listed above.

IMPORTANCE OF LETTER CONFIDENTIALITY

Students may retain their FERPA access rights to letters of recommendation that are included in the Letter Composite Packet, but it is encouraged that letters be submitted confidentially by waiving such rights. Selection Committees tend to place more value in confidential letters than letters that an applicant has seen, as it is assumed the author will be more forthcoming if the reference that is confidential. Not only can this be true in regards to writers withholding potential concerns, but authors may feel less inhibited in their praise in confidential letters. Furthermore, many admissions officers have stated that they find a confidential letter a display of confidence on the part of the applicant.

FERPA WAIVER

The Family Education Rights and Privacy Act (FERPA) of 1974, 20 U.S.C.A. Par. 1232g (a) (1), provides individuals the right to review their education records, which include letters of recommendation. FERPA requires educational institutions to foster the understanding between the letter writer(s) and the applicant that he or she has the right to view a particular education record. This form confirms that understanding.

If an applicant wishes to exercise the option to waive his/her FERPA right to view the composite letter packet, this form must be signed by the applicant.

Student: I hereby waive my right, under FERPA, to access my composite letter packet.

Name (Print): _____

Signature: _____

Date: _____

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