Composite Letter Recommendation Re-Request Form for 2021 Applicant/Re-Applicant to Professional Health Science Schools/Programs

Name:		Date:				
SIS ID:	NET ID:	State	of Residence:	lı	nternationa	l:
I requested	d a letter of recommend	ation from the	Pre-Med or Pr	e-Health Adv	visor during	j the
	application cyc	ole.				
I am apply	ing to the following type	s of schools/p	rograms (may	select more	than one):	
	M.D.	D.O.	N	MD/PhD or D	O/PhD	Denta
	de a link to the following ot more than one):	electronic ser	vices for subm	itting the Co	mposite Le	tter Packet
	AMCASA	ACOMAS	TMDSA	4SA	AADSAS	
	Other:					
CWRU IN	FORMATION					
CWRU Gra	aduation (Term/Year) _	M	lajor(s)			
Graduatior	n GPA	Gradua	tion Science G	PA		
	grams Completed Since					
	RDIZED TEST RESULT					
MCAT:	Date of Exam					
	Composite	CPF	CARS	BBF	_ PSB	
DAT:	Date of Exam	Aca	demic Average	Score	PAT S	core

SHORT ESSAYS

Please answer the following questions in a separate document that should accompany this form.

- 1. How are you a different applicant than you were when you last applied? What have you done to make yourself a stronger applicant this cycle?
- 2. Since you last applied what clinical experiences (job shadowing and volunteering) have you had? What research experiences? What service or work experiences? How have these new experiences shaped your view of the profession, of yourself, and of your fit with the profession?

Please submit a current **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.

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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 is biology, chemistry, physics, or math). At least one of these two letters must come from a science 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 for inclusion in the letter packet. These letters may come from additional faculty members, primary investigators and research mentors, medical professionals you have shadowed, or work/organization supervisors. You must provide each letter writer a **Letter of Recommendation Submission Form**.

Letters will be submitted to PGP&EE	from the following individuals:	
STEMM Faculty Letter Writer #1	Submitted Letter Updated	Letter New Letter
STEMM Faculty Letter Writer #2	Submitted Letter Updated	Letter New Letter
Non-STEMM Faculty Letter Writer_	Submitted Letter Updated	Letter New Letter
Other Letter Writer #1 (Optional)	Submitted Letter Updated	Letter New Letter
Other Letter Writer #2 (Optional)	Submitted Letter Updated	Letter New Letter