## Composite Letter Recommendation Re-Request Form for 2022 Applicant/Re-Applicant to Professional Health Science Schools/Programs

Name:			[			
SIS ID:	NET ID:		State of Reside	ence:	International:	
I requested a	letter of recomme	endation fro	m the Pre-Med	or Pre-Health A	dvisor during the	
	application	cycle.				
I am applying	to the following t	pes of sch	ools/programs (	may select more	e than one):	
I	M.D D.0		MD/PhD or DO/PhD		DO/PhD	Denta
	a link to the follow nore than one):	ring electro	nic services for	submitting the C	composite Letter I	Packet
	AMCAS	_AACOMA	.ST	MDSAS	AADSAS	
	Other:					
CWRU INFOR	RMATION					
CWRU Gradu	ation (Term/Year	·)	Major(s)			_
Graduation GPA G		raduation Science GPA				
Other Prograr	ms Completed Si	nce Gradua	ition			
STANDARDI	ZED TEST RESU	LTS SINC	E LAST APPLIC	CATION		
MCAT:	Date of Exam					
	Composite	_ CPF	CARS	BBF	PSB	
DAT:	Date of Exam		Academic Av	erage Score	PAT Score	
SHORT ESS	AYS					

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.

Submit completed form and accompanying documents to <a href="https://forms.gle/sbFHbkpQMPwXEQod9">https://forms.gle/sbFHbkpQMPwXEQod9</a>. To guarantee the Composite Letter Packet is submitted before August 1, 2022, all materials must be received by April 15, 2022. The latest date this form will be accepted is June 24, 2022.

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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 #1Submitted Letter Updated Letter New Letter						
STEMM Faculty Letter Writer #2 Submitted Letter Updated Letter New Letter						
Non-STEMM Faculty Letter WriterSubmitted 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						
FERPA CONSENT FORM						
In order to maintain compliance with the Family Educational Rights and Privacy Act (FERPA), any member of the faculty or staff who writes a letter of recommendation that includes personally identifiable information obtained from a student or alumnus' education record (grades, GPA, class rank, etc.), should obtain signed Authorization* from the student. Please print legibly:						
I (name of student) authorize (name of recommender) to write and send a letter of recommendation on my behalf for the medical school admission process. I expressly authorize the inclusion of my grades, GPA, class rank, and any other information from my education records in this letter. I am requesting this letter for the purpose of medical school admission.						
I <u>waive</u> / <u>do not waive</u> ( <b>student must indicate/circle one</b> ) my right to inspect and review a copy of this letter. I understand that I have the right to revoke this waiver at any time by delivering a written revocation to the CWRU faculty/staff member identified above, but that such revocation will only be effective with respect to any actions occurring after receipt of the revocation.						
Student/Alumnus' Signature Date						