Composite Letter Recommendation Re-Request Form for 2018 Applicant/Re-Applicant to Professional Health Science Schools/Programs

Name:				Date:		
SIS ID:):	State of Residence:			
•	ed a letter of recomme		n the Dired	ctor of Health	n Career Advis	ing during the
I am apply	ying to the following ty	pes of scho	ols/progra	ms (may sel	ect more than	one):
	M.D.	D.O.		MD/PI	hD or DO/PhD	
	Dental	Vet Me	ed	Opton	netry	
	Other:					
•	ide a link to the follow elect more than one):	ing electroni	c services	for submitti	ng the Compos	site Letter Pack-
	AMCAS		MAS	TMD	SAS	AADSAS
	Other:					
CWRU IN	FORMATION					
CWRU G	raduation (Term/Year)	N	lajor(s)		
Graduatio	n GPA	_	G	Graduation S	cience GPA _	
Other Pro	grams Completed Sir	nce Graduati	on			
MCAT:	RDIZED TEST RESU Date of Exam		LASIAP	PLICATION		
	Composite		_ PS	VB	SS	
DAT:	Date of Exam					
	Academic Average Score PAT Score					
OAT:	Date of Exam				_	
	Composite Score					
PCAT:	Date of Exam					
	Scaled Composite	Scaled Composite Score Percentile Composite Score				
GRE:	Date of Exam					
	Verbal Reasoning	Qu	ant. Reas	oning	_ Analytical W	/riting

Submit completed form and accompanying documents to the Office of Undergraduate Studies in Sears Building 357 or electronically by emailing <u>prehealth@case.edu</u> To guarantee the Composite Letter Packet is submitted before August 1, 2018, all materials must be received by **April 13, 2018**. The latest date this form will be accepted is **July 2, 2018**.

SHORT ESSAYS

Please answer the following questions in a separate document that should accompany or be attached to 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 volunteer) have you had? What research experiences? What service or work experiences? How have these new experiences shaped your view of the profession? Of yourself? 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.

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 (science, technology, engineering mathematics, medicine). 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.

All letters of recommendation submitted to the Office of Undergraduate Studies must be accompanied by the Letter of Recommendation Submission Form.

Letters will be submitted to the Office of Undergraduate Studies from the following individuals:

STEMM Faculty Letter Writer #1	
,	Submitted Letter Updated Letter New Letter
STEMM Faculty Letter Writer #2	Outersitted Letter III deted Letter Neur Letter
	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

Submit completed form and accompanying documents to the Office of Undergraduate Studies in Sears Building 357 or electronically by emailing <u>prehealth@case.edu</u> To guarantee the Composite Letter Packet is submitted before August 1, 2018, all materials must be received by **April 13, 2018**. The latest date this form will be accepted is **July 2, 2018**.

Composite Letter Recommendation Re-Request Form for 2018 Applicant/Re-Applicant to Professional Health Science Schools/Programs

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 a letter of recommendation, this form must be signed by the applicant.

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

Name (Print): _____

Signature:

Date: _____