

**Composite Letter Recommendation Re-Request Form for 2019
Applicant/Re-Applclicant to Professional Health Science Schools/Programs**

Name: _____ Date: _____

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

I requested a letter of recommendation from the Director of Health Career Advising during the _____ application cycle.

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 _____ TMDSAS _____ AADSAS
_____ Other: _____

CWRU INFORMATION

CWRU Graduation (Term/Year) _____ Major(s) _____

Graduation GPA _____ Graduation Science GPA _____

Other Programs Completed Since Graduation _____

STANDARDIZED TEST RESULTS SINCE LAST APPLICATION

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 before August 1, 2019, all materials must be received by **April 12, 2019**. The latest date this form will be accepted is **June 28, 2019**.*

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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 STEM 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-STEM 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 Post Graduate Planning and Experiential Education must be accompanied by the **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

IMPORTANCE OF LETTER CONFIDENTIALITY

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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: _____

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