

List of References for the HPAC

Instructions: Fill out this form, sign, and return by *May 2, 2010* to:

Dr. Karen Kirk, Chair
Health Professions Advisory Committee
Department of Biology – P5
555 North Sheridan Road
Lake Forest, IL 60045

Date of request: _____ AMCAS ID# _____

Applicant's name: _____
(Typed or printed)

Class: _____
(Year of graduation)

Major: _____

Evaluator's name and address: _____

Evaluator's name and address: _____

Evaluator's name and address: _____

Lake Forest College
Health Professions Advisory Committee (HPAC)

Evaluator's name and address: _____

Evaluator's name and address: _____

Applicant's Signature

Date