

Request for a Cover Letter from 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: Health Professions Advisory Committee
Lake Forest College
555 North Sheridan Road
Lake Forest, IL 60045

Applicant is applying to:
 Medical School (Allopathic or Osteopathic)
 Dental School
 Veterinary School
 Other (specify) _____

Check one:
 I **do** waive my right to read or review this letter of evaluation
 I **do not** waive my right to read or review this letter of evaluation
 I **wave** my privilege to request a cover letter from the HPAC

Applicant's Signature

Date