**Lake Forest College** Pre-Health Advising Committee (rev2. Sept. 2024)

Request for a Committee Letter from Pre-Health Advising

**Instructions**: Please complete this form and be sure to sign. Take a photo or save as a pdf., word document and email by noon on Monday, ***January 6, 2025*** to:

HPP Coordinator

Kathleen Elsasser  
[healthprofessions@lakeforest.edu](mailto:healthprofessions@lakeforest.edu)

I, , have applied for admission to .

(Typed First and Last Name) (Name of Program)

For purposes relating to this application, I request that Pre-Health Advising Committee of Lake Forest College write a committee letter of evaluation/ recommendation and send it to Rosalind Franklin University on behalf of my application as part of the LFC-RFU Pathway Program.

I have agreed to allow the Committee access to grades and GPA, and to allow the use of this and all information provided by the undersigned, the recommenders listed below, or the college, for the purpose of creating this letter of recommendation. (This is in accordance with PL 93-380, section 438).

All recommendation letters are due by email to Kathleen Elsasser at [healthprofessions@lakeforest.edu](mailto:healthprofessions@lakeforest.edu) by noon on Wednesday, ***January 22, 2025.***

**The letters must be addressed to Dr. Ann Maine, Chair, Pre-Health Advising Committee.**

**Please list all of your evaluators below:**

Evaluator's name, title, institution or place of work, and email:

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Evaluator's name, title, institution or place of work, and email:

Evaluator's name, title, institution or place of work, and email:

**Applicant contact information**:

Email: ( [name@lakeforest.edu](mailto:name@lakeforest.edu))

Cell Phone:

**Indicate RFU degree program**

Doctor of Allopathic Medicine (MD)

Doctor of Podiatric Medicine (DPM)

Doctor of Pharmacy (PharmD)

Doctor of Physical Therapy (DPT)

Master of Science in Clinical Counseling (MS-CC)

Master of Science in Physician Assistant Practice (MS-PA)

Master in Biomedical Sciences (MS-BMS)

Master of Science in Nursing (MS-MSN)

Doctor of Allopathic Medicine (MD)

Doctor of Podiatric Medicine (DPM

Doctor of Pharmacy (PharmD)

Doctor of Physical Therapy (DPT)

Master of Science in Clinical Counseling (MS-CC)

Master of Science in Physician Assistant Practice (MS-PA)

Master in Biomedical Sciences (MS-BMS) Master of Science in Nursing (MS-MSN)

**Specify matriculation category**

Regular Matriculation (4 years at LFC)

Accelerated Matriculation (3 years at LFC)

**Specify decision category**

Early Decision

First year

Regular Decision

Junior

Senior

I hereby waive all rights of access, which I may have now or at any time in the future to any letter of reference provided in response to this request.

I do not waive any of these rights and therefore this letter should not be viewed as confidential.

Applicant's Signature

Date

*Your electronic signature (typed name and electronic submission from your email account) indicates consent for release of this information to appropriate campus personnel, such as Pre-Health Advising. If you have any concerns with how your recommendation will be used, please contact the chair of Pre-Health Advising.*