

WAYNE STATE UNIVERSITY

Pre-Med and Health Science Center
 1600 David Adamany Undergraduate Library
 Detroit, Michigan 48202
 (313) 577-3374
www.wayne.edu/advising/pre-health/

General Information Form

Name: _____ Access ID: _____

Phone: _____ Banner ID: _____

Major: _____ Date: _____

If you are no longer a WSU student, preferred email: _____

We will **ONLY** send copies of your letters for the programs listed below. We will not send or supply letters for any other degree program, job, scholarship, etc. Obtain a separate copy of your letters from the evaluators for those purposes. The Pre-Med and Health Science Center does not edit, alter, or select any letters for you. You are strongly advised to read all of our policies and procedures listed in the **Letter Service Instructions** document; this will be emailed to you upon return of this form.

I agree to adhere to all policies necessary to use this service (initial): _____

Current Rank: (Circle One)	Letters To Be Sent To: (Circle One)
Freshman	Medicine
Sophomore	Dentistry
Junior	Pharmacy
Senior	Optometry
Post Degree	Podiatry
Graduate	Physician's Assistant
	Wayne State BMS Program

What year are you planning to start your application? _____

*Please notify the pre-med office of any changes to phone number or email.