

# WAYNE STATE UNIVERSITY

Pre-Med and Health Science Center  
 1600 David Adamany Undergraduate Library  
 Detroit, Michigan 48202  
 (313) 577-3374

## Letter of Evaluation Request Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Application ID Number: \_\_\_\_\_

Please **CHECK** which application service you are using. If you are using AMCAS please **CHECK** individual or packet to indicate how you would like your letters submitted.

<input type="radio"/> AMCAS	<input type="radio"/> Individual Letters	<input type="radio"/> Packet
<input type="radio"/> AACOMAS	<input type="radio"/> Packet only	
<input type="radio"/> ADSAS	<input type="radio"/> Packet Only	
<input type="radio"/> OptomCAS	<input type="radio"/> Individual Letters Only	
<input type="radio"/> PharmCAS	<input type="radio"/> Packet Only	
<input type="radio"/> BMS	<input type="radio"/> Packet Only	
<input type="radio"/> Carribbean Schools	<input type="radio"/> Packet Only	
<input type="radio"/> Other		

\*\*If letters are not being sent through an application service and are being sent by either US Post or direct email please provide the respective information needed:

\_\_\_\_\_

\_\_\_\_\_

List Evaluators in Box:

Instructions: Fill out and return this form and any additional cover sheets (if necessary) to the **University Advising Center**. Please allow up to two weeks following the submission of this form to our office for your letters to be forwarded. Feel free to email our program assistant, Kelley Donnelly, with any questions at [recletters@wayne.edu](mailto:recletters@wayne.edu).

