

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:

|  |  |
| --- | --- |
| * AMCAS | * Individual Letters Packet |
| * AACOMAS | * Packet only |
| * ADSAS | * Packet Only |
| * OptomCAS | * Individual Letters Only |
| * PharmCAS | * Packet Only |
| * BMS | * Packet Only |
| * Carribbean Schools | * Packet Only |
| * Other |  |

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.

\*\*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, Mason Iulianelli, with any questions at **recletters@wayne.edu**.