

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

Letter of Recommendation Request Form

Name: _____ Date: _____

Phone Number:_____

Would you like your application ID to appear on the coversheet? YES NO AMCAS/AACOMAS/AADSAS/Other: _____ ID Number: _____

Name and address of institution to send letters to	Names of evaluators whose letters you want sent

Instructions: Fill out and return this form along with the correct amount of postage and any additional cover sheets (if necessary) to the **University Advising Center**. Letters will <u>not</u> be processed without the correct postage. Please allow up to two weeks following the submission of this form to our office for your letters to be forwarded.

Postage Scale:

Amount of letters Per School	Postage amount necessary to mail Per School
1 letter	1 first-class stamp
2 letters	1 first-class stamp
3 letters	2 first-class stamps
4 letters	2 first-class stamps
5 letters	2 first-class stamps
6+ letters	3 first-class stamps and manila envelope

Note: Requests will NOT be processed without the correct postage. Feel free to make notes in the request form such as "attach cover page for Michigan State University" or "send letters only written for DO schools, not MD schools."

<u>M.D. and D.O. School Applicants:</u> No postage is necessary for sending letters to AMCAS or AACOMAS. Letters will be sent electronically. Please remember to correctly fill out the letters of evaluation section of your AMCAS/AACOMAS account and turn in, along with this form, any additional cover sheets. Feel free to email our program assistant, Kelley Donnelly, with any questions at recletters@wayne.edu.