

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 University Advising 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	Osteopathic Medicine
Junior	Dentistry
Senior	Pharmacy
Post Degree	Podiatry
Graduate	Wayne State BMS Program
	Physician's Assistant

What year are you planning to start your application? _____

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