



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): _____

Please circle **ONE** rank and **WHERE** you would like your letters to be sent:

Junior	Medicine
Senior	Dentistry
Post Degree	Pharmacy
Graduate	Optometry
	Podiatry
	WSU BMS Program

*****Files should be opened the year of application *****

What year are you planning to start your application? _____

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