**Texas State University Pre-Health Committee**

**Committee Packet Distribution Form**

**Application Year 2017**

**Applicant keeps page 1 of this form and Pre-Health advisor keeps pages 2 and 3**

**Instructions for applicants:**

Please fill out the information on pages two and three of this form completely. Missing information may cause a delay in the completion of your Pre-Health Committee Packet. You may write on the form.

**Remember that your Pre-Health Committee Packet will consist of:**

**1- The Pre-Health Committee Letter of Evaluation, and**

**2- Up to as many as 5 additional letters of evaluation/recommendation from individuals you choose.**

We highly recommend that you ask faculty, especially science faculty, who know you well to provide letters for you – 2 is preferred. It is also recommended that professional contacts (doctors, dentists, job supervisors, etc) provide letters for you, if they know you well. You do not benefit by including vague, weak or generic boilerplate letters from individuals who do not know you well enough to complete a thorough evaluation of your potential for professional school. Do not solicit letters from friends, co-workers, subordinate workers or family members. Choose your letter writers carefully.

**If we receive a letter for you, it WILL be included in your packet.**

If you choose to have additional letters added to your packet, you must have your letter writers complete the Texas State Evaluation Form and then send the form and accompanying letter directly to one of the pre-health advisors via: regular mail, campus mail, fax, or as an e-mail attachment. The letter should not be returned to you, nor should it be forwarded directly to the application service. The letter should be written on official letterhead. (The Texas State Evaluation Form is available on our Pre-Health Advising website – www.bio.txstate.edu/prehealthadvising/phc/forms.html ) Print as many copies as you need.

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**IMPORTANT!!!**

Please remember to check the box on your application (TMDSAS/AMCAS/AACOMAS/AADSAS) that allows your Pre-Health Advisors to view your application. It helps us help you and provides us with valuable information we need to help future applicants. Thank you!

Name of applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Texas State ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TMDSAS # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AAMC (AMCAS) #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AACOMAS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AADSAS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Individual Letters of Recommendation**

Please list all of the individuals who will be submitting letters for you. We will not consider your packet complete, and thus we will not submit it, until we have received a letter from each individual listed. It is your responsibility to ensure that letters are sent to one of the pre-health advisors in a timely manner.

A maximum of five additional letters are permitted. If you do not wish to include any additional letters (not recommended), please write NONE on the “Name” line of number 1.

Information about letter writers *For Pre-Health Advisor use*

1. Name of writer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by: \_\_\_\_\_\_\_\_

Writer’s affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to you\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name of writer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by: \_\_\_\_\_\_\_\_

Writer’s affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to you\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name of writer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by: \_\_\_\_\_\_\_\_

Writer’s affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to you\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Name of writer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by: \_\_\_\_\_\_\_\_

Writer’s affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to you\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Name of writer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by: \_\_\_\_\_\_\_\_

Writer’s affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to you\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application Services**

**General Information**:

When you are filling out the letter of recommendation/evaluation section of your applications, make sure that you designate that you will be submitting a committee letter/packet from Texas State University. Please use either Dr. Pesthy or Dr. Banta’s name and contact information (see page 1 of this form).

On this page, tell us which APPLICATION SERVICES you want to receive your Committee Packet. Please pay attention to the specific instructions associated with each application service.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TMDSAS Date sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(for PHC use only)*

Note: TMDSAS will provide your letters to the schools you are applying to. We upload your Committee Packet electronically and TMDSAS will then distribute it to all your schools. As long as we have your TMDSAS number, you have released access to your application to us, and you have indicated on our application that you will be submitting a committee letter, we can upload your letter packet directly through TMDSAS.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMCAS Date sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(for PHC use only)*

Note: AMCAS is able to provide your letters to most of the schools participating in AMCAS. For most schools, (called Participating Schools), we can upload your Committee Packet electronically and AMCAS will distribute it to the schools you are applying to. For participating schools: on the home page of the AMCAS application is a button labeled “Print Letter Request Forms”. Use this link to email a letter request form (we like to call it a barcode form for obvious reasons) to either Dr. Pesthy or Dr. Banta. You can also print it and give us the hard copy if you prefer. There are a few medical schools that do not participate in the AMCAS letters program (called Non-Participating Schools), and these schools require your letter packet to be sent directly to the school, rather than to AMCAS. Determine whether any of your schools are Non-Participating – a list is available in the AMCAS application. If you will apply to any Non-Participating Schools, please attach an additional sheet of paper listing the name of the school(s) and the mailing address(es) where your packet is to be sent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AACOMAS Date sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(for PHC use only)*

Note: AACOMAS is able to provide your letters electronically to most osteopathic medical schools (except TCOM which uses TMDSAS). Within AACOMAS, designate either Dr. Pesthy or Dr. Banta as your sole letter writer and make sure the email addresses you list for us are our official Texas State emails (cp22 or mb79). AACOMAS will email us a link that will allow us to upload your committee packet electronically.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AADSAS Date sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(for PHC use only)*

Note: AADSAS will provide your letters to all the schools you are applying to. We can upload your Committee Packet electronically and AADSAS will distribute it to all your schools. On the application when you are asked whether the reference will be electronic or paper, check electronic. AADSAS will email the contact you listed (either Dr. Pesthy or Dr. Banta), and we will upload your committee packet at that time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_