Texas State University Pre-Health Committee
Committee Packet Distribution Form

Name of applicant: ____________________________  Texas State ID: ________________

TMDSAS # ____________________________  AAMC (AMCAS) # ____________________________

AACOMAS# ____________________________  AADSAS# ____________________________

OptomCAS # ____________________________

In case we need to reach you for any reason, please provide the following contact information.

Email address (one you check regularly) ______________________________________________

Phone number (one you will answer) _________________________________________________

Remember that your Pre-Health Committee Packet will consist of:
1- The Pre-Health Committee Evaluation Letter, 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 send the letters directly to one of the pre-health advisors via: regular mail, campus mail, fax, or as an e-mail attachment. We highly recommend that your letter writers include the TMDSAS evaluation form as well as a separate letter written on official letterhead. (TMDSAS evaluation form is available on the Pre-Health Advising website.)

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Fax (512) 245-8713
cp22@txstate.edu

Dr. Marilyn Banta
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601 University Dr.
San Marcos, TX 78666
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Fax (512) 245-8713
mb79@txstate.edu

Please remember to check the box on your applications that allows 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!
**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. Letters sent after June 1st should be addressed to Dr. Banta rather than Dr. Pesthy.

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.

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<th>Information about letter writers</th>
<th>For Pre-Health Advisor use</th>
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**Application Services**

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

On the next page, tell us which APPLICATION SERVICES you want us to send your Committee Packet to. Please pay attention to the specific instructions associated with each application service.
Your last name: _____________________

☐ TMDSAS Date sent ________________ (for PHC use only)

Note: All schools participating in TMDSAS will accept letters from TMDSAS. We can upload your Committee Packet electronically and TMDSAS will distribute it to all your schools. When the application asks you “How would you like to request your letter of recommendation? Select “I would like to print out a request form and give it to my letter writer.” Please print this form (we call it the barcode form) and deliver it to either Dr. Pesthy or Dr. Banta (Dr. Banta after June 1).

☐ AMCAS Date sent ________________ (for PHC use only)

Note: Most of the schools participating in AMCAS will accept letters from AMCAS. For these schools, (called Participating Schools), we can upload your Committee Packet electronically and AMCAS will distribute it to these schools. There are some schools, however, 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. On the home page of the AMCAS application is a button labeled “Print Letter Request Forms”. Use this link to print out a letter request form (we call it a barcode form) and deliver it to either Dr. Pesthy or Dr. Banta (Dr. Banta after June 1).

☐ AACOMAS Date sent ________________ (for PHC use only)

Note: AACOMAS does not send letters to any of its schools. Your committee packet must be sent to each school individually. There is no matching or tracking form, so it is crucial that we have your AACOMAS number so we can add that to your committee letter to ensure the committee packet is matched correctly to your application. Attach an additional sheet of paper listing the names and admission office mailing addresses of each osteopathic medical school (not including TCOM if applying through TMDSAS) you intend to apply to.

☐ AADSAS Date sent ________________ (for PHC use only)

Note: All schools participating in AADSAS accept letters from AADSAS. We can upload your Committee Packet electronically and AADSAS will distribute it to all your schools. When the application asks you whether the reference will be electronic or paper, check electronic. AADSAS will email the contact you listed (either Dr. Pesthy or Dr. Banta – Dr. Banta after June 1), and we will upload your committee packet at that time.

☐ OptomCAS Date sent ________________ (for PHC use only)

Note: All optometry schools participating in OptomCAS accept letters from OptomCAS. List either Dr. Pesthy or Dr. Banta (Dr. Banta after June 1) and select electronic submission (requires an email address). We will upload the packet when we receive notification from OptomCAS. Be very careful, some optometry schools require a committee letter while others will not accept one at all. Research the letter requirements of each school you plan to apply to. Both Texas optometry schools will accept a committee letter. We will need the OptomCAS recommendation form to fill out as part of your committee packet. Print a copy and give it to Dr. Pesthy or Banta.