

**Texas State University Pre-Health Committee  
Committee Packet Distribution Form  
Application Year 2020**

**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.

**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. 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, 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 must be written on official letterhead, it must be dated and it must have a signature. (The Texas State Evaluation Form is available on our Pre-Health Advising website – [www.bio.txstate.edu/prehealthadvising/phc/forms.html](http://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 (TMDAS/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 \_\_\_\_\_  
Writer's affiliation \_\_\_\_\_  
Relation to you \_\_\_\_\_  
Phone number \_\_\_\_\_  
E-mail \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

2. Name of writer \_\_\_\_\_  
Writer's affiliation \_\_\_\_\_  
Relation to you \_\_\_\_\_  
Phone number \_\_\_\_\_  
E-mail \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

3. Name of writer \_\_\_\_\_  
Writer's affiliation \_\_\_\_\_  
Relation to you \_\_\_\_\_  
Phone number \_\_\_\_\_  
E-mail \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

4. Name of writer \_\_\_\_\_  
Writer's affiliation \_\_\_\_\_  
Relation to you \_\_\_\_\_  
Phone number \_\_\_\_\_  
E-mail \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

5. Name of writer \_\_\_\_\_  
Writer's affiliation \_\_\_\_\_  
Relation to you \_\_\_\_\_  
Phone number \_\_\_\_\_  
E-mail \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

**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.

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TMSAS Date sent \_\_\_\_\_ (for PHC use only)

Note: TMSAS will provide your committee packet to all the schools you are applying to. We upload your Committee Packet electronically and TMSAS will then distribute it to all your schools. Indicate on your application that you will be receiving a Committee Packet and list Texas State University at the school. Then we can upload your letter packet directly through TMSAS.

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

Note: AMCAS will provide your committee packet 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: In the Letters of Evaluation section of the application, select COMMITTEE LETTER. Then click "yes" to generate a Letter Request Form. Download and save the pdf and send it to your pre-health advisor. We will attach the Letter Request Form to your committee packet and upload it electronically to AMCAS.

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

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

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

Note: AADSAS will provide your committee packet electronically to all dental schools outside Texas. Within AADSAS, designate either Dr. Pesthy or Dr. Banta as your ONLY letter writer and make sure the email address you list for us is our official Texas State emails (cp22 or mb79). AADSAS will email us a link that will allow us to upload your committee packet electronically.

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