

**Texas State University Pre-Health Committee
Intent to Interview Form
Application Year 2021**

Name of applicant: _____ Texas State ID: _____

- 1.) My signature below acknowledges that I am requesting a Committee Letter of Evaluation from the Texas State Pre-Health Committee for inclusion with my application to (check one) medical school. dental school.
- 2.) My signature below also acknowledges that I have read, understood and agreed to the following conditions:
- A.) I understand that once I have requested a Pre-Health Committee Letter of Evaluation and have completed the required elements, the Letter of Evaluation WILL be submitted by the Pre-Health Committee.
- B.) I understand that the Pre-Health Committee will access an unofficial copy of my transcript via CatsWeb.
- C.) I understand that I may request up to five individual letters which will be included with the Pre-Health Committee Letter of Evaluation to produce a Committee Packet. [All individual letters must include the Texas State Letter Evaluation Form and accompanying letters should be generated on official letterhead if possible and should include an original signature. All individual letters must be returned to either Dr. Pesthy or Dr. Banta by the letter writer, not returned to the student or sent straight to the application service.]
- D.) I understand that I must complete the following requirements in order for a Letter of Evaluation to be generated and distributed for me:
- 1- I must sign and return this Intent to Interview Form to either Dr. Pesthy or Dr. Banta before my committee interview.
 - 2 – I must turn in a completed Supplemental Information Form (new applicants) or a Re-applicant Update Form (re-applicants) to either Dr. Pesthy or Dr. Banta at least 7 days in advance of my committee interview. This includes a working draft of my personal statement.
 - 3- I must sign up for and participate in a committee interview. I understand that if I sign up for an interview spot, I will be expected to conduct the interview. Cancellation of interviews is viewed as a serious infraction by the Pre-Health Committee.
 - 4- I must turn in a completed Committee Packet Distribution Form to either Dr. Pesthy or Dr. Banta before my Committee Packet can be distributed to application services and schools.
 - 5 – I must select one option and sign the waiver statement below. The choice I make will be reported in my Committee Letter. [Note: Waiving your right for this committee letter and all individual letters is highly recommended and is strongly preferred by professional school admission committees.]

Applicant's Signature _____ **Date** _____

Family Educational Rights and Privacy Act (FERPA) of 1974 Waiver Statement

I waive I do not waive my right to view my Pre-Health Committee Letter of Evaluation.
(If no indication of preference is given, the assumption is made that the right is waived.)

Applicant's Signature _____ **Date** _____