

**Texas State University Pre-Health Committee
Committee Packet Distribution Form
Application Year 2021**

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. 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) 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: _____

