

REQUEST FOR A LETTER OF CLEARANCE

Health Professions Administrative Assistant
Telephone: 860-685-3376 FAX: 860-685-2181
health.professions@wesleyan.edu

I, _____,
Print Full Name

Class of _____ Wesleyan ID# _____

hereby request that the Dean from the Office of Student Affairs review my Student Judiciary Board and Honor Board records and provide the Wesleyan University Health Professions Panel with a Letter of Academic and Disciplinary Clearance as part of my application to medical / dental / veterinary school (**circle one**).

Signature

Date

*This signed request will be sent to the Dean's Office prior to the end of the current academic year. The Letter of Academic and Disciplinary Clearance will become part of your **Letter Packet File**, which is kept for 10 years. At your request, or at the request of admissions personnel at a health professions graduate school that requires such a letter as a condition of your acceptance or matriculation, a copy will be sent for inclusion in your file at that school. If you have any questions about the Letter of Clearance, or the review process involved, please consult with Wesleyan's Health Professions Advisor, your Class Dean, or the Dean of Student Affairs before completing and submitting this form.*

Return this completed form to the Health Professions Administrative Assistant