

INSTRUCTIONS AND OVERVIEW SIGNATURE PAGE

For The Instructions and Overview of the Request for the Health Professions Letter Packet

I certify that I have read this entire document, understand the content herein, and make myself responsible for following all deadlines. I understand that if I miss any deadline for the committee letter request, I have the option of requesting a Letter Packet by May 31, 2023.

DATE: _____

PRINTED FULL NAME: _____
First Middle Last

SIGNATURE: _____

Complete this page and return to the HPAA in the Gordon Career Center or by email to health.professions@wesleyan.edu (subject line: "Letter Packet Instructions Signature Page") by May 31, 2023.