REQUEST FOR A LETTER PACKET FORM

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

Name				Class Year
-	-irst	Middle	Last	
Wes ID#Cell		Phone	Email	
understand the i	(I nformation reg	E.g. Medicine, Dentist	ry, Veterinary, Opto construction of the Le	ket for my application to pmetry). I have read and etter Packet and accept the
submitted to vec will not be made committees at requested, in wr my privacy as a credibility of the letter packet and	Collect on my be available to a health professiting, that the lindividual, to letters writtend the process	pehalf. By waiving my rig any party other than the a sions graduate schools etters be sent. I underst a assure the integrity of the on my behalf. I have a	ht to see the letters, In the members of admission where I am apply and that the purpose the letter packet produsked any questions on prior to signing the	ing and have specifically e of this waiver is to protect ess, and to strengthen the that I may have about the is waiver. I hereby request
Signature			-	Date
any change in	recommende		monitoring the receip	will notify the HPAA of ot of letters on my behalf

The deadline to request a Letter Packet is the 31st of May of your application year. It is essential that the applicant request a veCollect Account from Wesleyan by completing the corresponding form available on the abovementioned webpage.