

COMMITTEE LETTER FILE/LETTER PACKET REGISTRATION FORM

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

Name: _____

Wes Student ID #: _____ Class Year: _____

Campus Address: _____

Cell Phone #: _____ E-Mail: _____

Permanent Home Address _____

City _____ State _____ Zip Code _____

Home Phone # (include area code) _____

Which Health Profession are you applying to? (Medical, Dental, etc.) _____

The **Registration Fee** for the Committee Letter File or Letter Packet is \$50 to be paid by CHECK.

Committee Letter File Fee Waiver: Applicants with extreme financial need may be eligible to receive a Fee Waiver and may apply by completing a "Committee Letter File Registration Fee Waiver" Form.

I hereby waive my right to inspect and review the committee letter file or letter packet, with the understanding that this document will be forwarded to an institution, organization (e.g. AMCAS/AADSAS), or private party only upon my request (see the "signed upload request" in the instructions and overview doc). The party receiving this document is not permitted to share any information or material contained in the document without my written consent.

I certify that I have read all the essential information provided and understand the Committee Letter File process. I am aware that my Committee Letter File will be prepared and uploaded/mailed only upon my written, signed request. Requests by phone or e-mail will not be accepted.

Signature: _____ Date: _____

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**HP OFFICE ONLY: PAYMENT RECEIVED: AMOUNT \$** \_\_\_\_\_

**RECEIVED FEE WAIVER APPROVAL: Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_ **N/A for alum:** \_\_\_\_\_