

INSTRUCTIONS and OVERVIEW SIGNATURE PAGE

Committee Letter Instructions and Overview Packet - Entry Year 2026
for Applicants and Re-Applicants to Medical, Dental, and Veterinary Medicine
Programs
on behalf of the Wesleyan Health Professions Panel

I certify that I have read [this entire packet](#), understand the content herein, and am responsible for following all instructions and meeting all deadlines. I understand that if I miss the deadlines for the Committee Letter request, I have the option of requesting a Letter Packet alternative by the last day of May 2025.

DATE: _____

PRINTED FULL NAME:

| | | |
|-------|--------|------|
| First | Middle | Last |
|-------|--------|------|

SIGNATURE:

Once you have read the entire overview packet, complete this page and return it to the Health Professions Administrative Assistant (HPAA) by email (health.professions@wesleyan.edu) along with your other registration forms