

## **Health Professions Advisory Committee (HPAC)**LETTERS OF EVALUATION SUBMISSION REQUEST

Last Name		First Name
UH ID	Telephone #	Email
I would like letters f	from the following evalu	ators to be included in my HPAC Letter Packet:
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c c		
Once you have compl	eted the HPAC evaluatio	on, our office will upload your Letters of Evaluation etter-packet to each primary application.
	= =	have completed the HPAC evaluation, 2) completed and 3) submitted this form to <b>prehealth@uh.edu</b> .
As you complete each	application, you will se	elect the <i>Committee Letter</i> option.
	Ricardo Garza prehealth@	tter contact information:   Pre-Health Advising Center Duh.edu   713.743.2681   CBB 215   Houston, TX 77204
Check here if you wish to i	include only a general cover l	from my letter packet. etter indicating you have completed the HPAC evaluation for this ing to be included in your letter packet.
		tal schools via TMDSAS. TMDSAS ID# pplication information to our office.
		ool of Medicine and/or any out-of-state medical schools.  orm in order for your letters to be submitted to AMCAS.
AACOMAS Check here if you are apply	ying to University of the Incar	rnate Word or any out-of-state osteopathic medical schools.
AADSAS Check here if you are apply	ying to any out-of-state denta	ıl schools.
Interfolio Check here if you wish for	your letter packet to be uploa	aded to your Interfolio account (letters cannot be submitted individually
Student Signature		Date

agreement to the instructions above. **NOTE**: Letters are submitted electronically. It is your responsibility to check that your letters have

Signing this form electronically is the legal equivalent of your written signature and confirms your

**NOTE**: Letters are submitted electronically. It is your responsibility to check that your letters have been received by the application services.