

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

Last Name		First Name
UH ID	Telephone #	Email
I would like letters	from the following eval	luators to be included in my HPAC Letter Packet:
1		2
3		44
5		
-	oleted the HPAC review, letter) to each primary	our office will upload your Letters of Evaluation application.
		ou have completed the HPAC review, 2) completed the d 3) submitted this document to <i>prehealth@uh.edu</i> .
As you complete you	ır application, you will s	select the <i>Committee Letter</i> option.
	Dr. Gregory Spille prehealth	etter contact information: ers Director, Pre-Health Advising e@uh.edu 713.743.2681 d. CBB 215 Houston, TX 77204
Check here if you wish to		on r letter indicating you have completed the HPAC review for this aking to be included in your letter packet.
TMDSAS Check here if you are app Include your TMDSAS ID		ental Schools through TMDSAS.
		edicine and/or any of the out-of-state medical schools. form in order for your letters to be submitted.
AACOMAS Check here if you are app	olying to osteopathic medical	schools.
AADSAS Check here if you are app	olying to dental schools that p	participate in the AADSAS letter service.
Interfolio Check here if you are app	olying to schools using the Int	terfolio service.
Student Signature		Date

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

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

agreement to the instructions above.