REQUEST FOR RECOMMENDATION FROM THE HEALTH SCIENCES COMMITTEE
AT XAVIER UNIVERSITY

1. Recommendation and evaluations will be sent in your behalf only after you have completed and submitted this form to the Coordinator of Pre-Professional Health Advising, Albers 105A. You should have already submitted an autobiography and been interviewed by the Committee.

2. Use a separate form for each professional school to which you are applying.
   a. The first request must be filled out completely.
   b. Subsequent forms need supply only the information in Part I.

3. Please include with this request form any recommendation form sent to you by the professional school.

4. Please use the other side of this sheet for any other additional comments, not in your autobiography, which may be helpful to the Committee in preparing your letter.

PART I

YOUR NAME________________________________PHONE NUMBER______________________

HOME ADDRESS________________________________________________________________
______________________________________________________________________________

AAMC NUMBER  ________________________________________________________________

PROFESSIONAL SCHOOL:

NAME_________________________________________________________________________

MAILING ADDRESS______________________________________________________________
______________________________________________________________________________

DATE OF REQUEST____________________DATE LETTER IS DUE________________________

PART II

COURSES THAT YOU ARE TAKING DURING THE CURRENT SEMESTER:        NATIONAL EXAM SCORES:

______________________________________________________________________________

DAT_________________________________________ (date)

GRE__________________________________________ (date)

MCAT_________________________________________ (date)

VCAT_________________________________________ (date)

________________________________________________ Plans to take future tests__________

______________________________________________________________________________