

**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 \_\_\_\_\_  
\_\_\_\_\_