

Instructions: Please read this form carefully, then sign it in ink. Submit it no later than June 15th of the current application year. For the evaluation you will also be asked to send us a copy of a recent photograph of yourself for your file.

I plan to submit applications to: _____ medical _____ dental _____ optometry _____ podiatry schools for entrance in the fall of _____. At this time, I request advice regarding the application process and a Pre-Med Advising letter written on my behalf.

In signing and submitting this form, I am confirming that I understand the following:

- *To be eligible for a committee letter, I must follow the timeline outlined by the Pre-Med Advising Office.*
- *My letter will not be written until (1) individual letters have been received through VeCollect and I provide (2) my pre-application evaluation (self-assessment) and (3) a PDF copy of the submitted AMCAS form (e.g., AMCAS letter request form).*
- *The University of Massachusetts Pre-Med Advising office staff will have access to my pre-application materials.*
- *It is my responsibility to request individual letters of reference and to follow up on those requests to ensure timely completion.*

I will not hold The University of Massachusetts responsible if I am not admitted to the program of my choice.

Signature _____

Date _____

Waiving or Retaining Access to Letters of Recommendation

The Family Educational Rights and Privacy Act of 1974 (P.L. 93-380) provides every applicant with the right to review his/her educational records, including letters of recommendation. In the section below you will be asked to provide your signature indicating whether or not you agree to waive this right. Waiving this right keeps all of your letters of reference, including the committee letter and all individual letters of recommendation, confidential. In deciding whether or not to waive your right of access to your letters, please be advised that health profession schools prefer confidential letters of recommendation.

"I request a confidential Pre-Med Advising letter and waive my access to it. I understand that by signing below I am waiving my access to all of my individual letters of recommendation as well as the Pre-med Advisor letter."

Signature _____

Date _____

"I prefer open, non-confidential letters and do not waive my right to see the letters provided on my behalf. I understand that by signing below I am maintaining my right to view any of my letters of recommendation, including both individual letters and the Pre-Med Advisor letter. I further understand that health profession schools prefer confidential letters."

Signature _____

Date _____