

Due: May 1

Pre-Health Committee Letter Request Form

Name _____

Pre-Medical _____ Pre-Dental _____ Other (specify) _____

- List the names below of those individuals that you have asked to fill out evaluation forms for the pre-health professions committee:

Name	Designation (faculty, supervisor, etc.)

- Request that letters of evaluation be submitted by **May 15** to:
Kristin Giamanco
Giamancok@wcsu.edu
If mail is preferred, please send to:
Kristin Giamanco
Western Connecticut State University
Biology Department
181 White St.
Danbury, CT 06810
- Other materials due by **May 15**:
 - Resume
 - Personal Statement
 - Transcripts (Unofficial from university/colleges outside of WCSU)