



The University of Arizona
 University College
 Pre-Health Professions Advising Center
 Integrated Learning Center, Room 103
 PO Box 210070 Tucson, AZ 85721-0070
 Telephone: (520) 626-7241 Fax (520) 621-9300

Request to Send out Letters of Recommendation

DATE

STUDENT NAME (incl., Middle)

ID # (AADSAS,AMCAS,CASPA, etc.)

E-MAIL ADDRESS

PHONE NUMBER

@

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Please allow 2 weeks for processing.

Please include pre-addressed stamped envelope per school with this request.

Prior to submitting your request please make sure that your file is complete (all letters of recommendation) have been received. To check your status please logon to your account at www.prehealth.arizona.edu or send an e-mail to bag@email.arizona.edu

1st School _____

Which letters would you like sent to this school? (Please list the letter writer's name)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

2nd School _____

Which letters would you like sent to this school? (Please list the letter writer's name)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

3rd School _____

Which letters would you like sent to this school? (Please list the letter writer's name)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

4th School _____

Which letters would you like sent to this school? (Please list the letter writer's name)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Date Rcvd by PreHealth Office:

Date Sent by PreHealth Office:

5th School _____

Which letters would you like sent to this school? (Please list the letter writer's name)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

6th School _____

Which letters would you like sent to this school? (Please list the letter writer's name)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

7th School _____

Which letters would you like sent to this school? (Please list the letter writer's name)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

8th School _____

Which letters would you like sent to this school? (Please list the letter writer's name)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

9th School _____

Which letters would you like sent to this school? (Please list the letter writer's name)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

10th School _____

Which letters would you like sent to this school? (Please list the letter writer's name)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please use a second form for additional schools.