



REQUEST FOR SUBMISSION OF ADDITIONAL LETTERS

Student's Name (print): _____

Stevenson University Student ID #: _____

I hereby request that a copy of any additional letters of evaluation be sent to the admissions offices of the Health Professions School that I am applying for admission. This process is required because letters of evaluation were received after the HPAC evaluation package was submitted. I understand that the Health Professions Advisor is able to electronically submit one additional packet of letters. I understand that no addition letters will be sent unless this form is completed and signed by me.

I have attached one of the following forms (H, I or J) which contains the list of schools to which I am requesting that the additional letters be sent. **I am also sending a copy of this list electronically to the Health Professions Advisor.**

I am requesting that additional letters be sent to the schools that I have indicated on one of the above forms.

Signature

Date