

DATE: _____

**GRADUATE AND PROFESSIONAL SCHOOL RECOMMENDATION FILE
HEALTH PROFESSIONS & PRELAW CENTER, MAXWELL HALL 010**

UNIVERSITY ID: _____ Organization # (AAMC, AADSAS, LSAC): _____

(circle organization)

I have received and have read or will read "A Guide to the Recommendation Service".

PLEASE CIRCLE FIELD OF INTEREST below: YEAR: (circle one) FR SO JR SR IUGRAD GRAD

Circle One: DENTAL LAW MEDICINE OPTOMETRY OTHER (please specify) _____

LAST NAME: _____ MAJOR: _____

FIRST NAME: _____ MIDDLE NAME: _____ E-MAIL: _____

CAMPUS ADDRESS: _____ PHONE: _____

PERMANENT ADDRESS: _____ PHONE: _____

CITY & STATE: _____ ZIP CODE: _____ ALTERNATE E-MAIL: _____

YOU ARE RESPONSIBLE FOR MAKING SURE THE RECOMMENDATION FORMS HAVE BEEN RETURNED TO US, FOR NOTIFYING THIS OFFICE WHEN YOU WANT THE FORMS SENT, FOR FURNISHING US WITH THE INSTITUTIONS' CORRECT ADDRESS, AND FOR PROVIDING US WITH CHANGE OF ADDRESS and E-MAIL ADDRESS WHEN YOU MOVE.

FOR OFFICE USE ONLY:

DEPARTMENT

NAME

PERSONALS

PLEASE NOTIFY THIS OFFICE WHEN YOU HAVE RECEIVED NOTIFICATION OF ACCEPTANCE TO A PROFESSIONAL SCHOOL AND HAVE MADE YOUR FINAL DECISION AS TO WHICH SCHOOL YOU WILL BE ATTENDING.