

HEALTH PROFESSIONS AND PRELAW CENTER

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REQUEST to CREATE FACULTY COMPOSITE LETTER

Note: there is no extra charge for this service.

PRIORITY DEADLINE: JUNE 15

ALL FACULTY LETTERS must be signed, accompanied by a signed HPPLC waiver form, and be received by HPPLC prior to the submission of this form.

NAME: _____ DATE: _____
(last) (first) (middle)

University ID _____ Circle Organization: AAMC , AADSAS # _____

EMAIL ADDRESS: _____ YOUR PHONE #: _____

AREA OF STUDY: Medicine Dentistry

ALL FACULTY LETTERS in your file (minimum of 3 required) at the time this request is processed will be included in the composite.

Note: *this is a request to **CREATE** a faculty composite. To **SEND** this composite (and any personal letters) you must submit a separate "Request for Recommendations to be Sent" form but only **AFTER** the composite has been created. You will be notified by email when the composite has been created.*

Upon request, when the faculty composite is sent, you may also request that personal recommendations be sent in the same mailing.

Student Signature: _____

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For office use only: Date Composite was completed: _____