HUNTER COLLEGE PRE-HEALTH ADVISING OFFICE
COMMITTEE LETTER/ LETTER PACKET SUPPLEMENTAL FORM

This form serves as the template for the Pre-Health Committee or your pre-health advisor (packet letter option) from which they develop your evaluation letter. Please make every effort and take ample time to answer the questions completely and accurately. If you have not done so already, please complete a file check before submitting this form to determine the exact evaluations and recommendations contained within your electronic file. In addition to helping us process your letter of evaluation, this activity resembles the format used by the health professional school application services. Completing this form is expected to provide you with an early application exercise and insight into any gaps in activities in your health professional school application. Excluding employment (as many traditional full-time college students do not work during undergraduate years), leaving a section entirely blank means that you have NOT obtained any experiences in research, clinical, or community service fields. Such a gap in your preparation might considerably compromise the quality of your application to health professional school. In such cases, we strongly urge you to come by for an in-person advisement appointment to determine the best strategy to address any potential deficiencies, well in advance of entering into the application cycle.

INSTRUCTIONS

1. Please complete this form to the best of your recollection and ability. You will be asked to enter the very information in a similar format in your health professional school application later in the process. Any discrepancy between the information you provide the Pre-Health Advising Office in this form and the health professional school application will create an immediate red flag about the authenticity of the information you have provided. Please take the time to ensure the information is accurate and consistent in both applications. Should the Pre-Health Advising Office uncover information contradictory to what you have provided in this form, your request for a committee letter/ letter packet will be rejected and any previously prepared documents to support your application may be rescinded.

2. Please electronically attach the completed form to the *2013 Application Year Committee Letter/Letter Packet Request Form.*

3. Incomplete or poor quality forms will be returned to students for modification. This will only delay the processing of your request. We encourage you to contact your pre-health advisors with questions to ensure a successful completion and submission of this form.

4. **Your interview with a member of the Pre-Health Committee is conditional upon receipt of ALL recommendations and evaluations.** You may submit the application and receive approval for a committee letter and or a letter packet at any time during the January-June 2012 period. The Pre-Health Advising Office will hold further processing of your request until all recommendations and evaluations have been uploaded to your electronic file.

First Name: _____ Last Name: _____ Email: _____

CLINICAL EXPOSURE

	Your Title	**Organization**	**Supervisor**	**From (month/year)**	**To (month/year)**	**Numbered list of your duties**	**Does your electronic file contain a letter of recommendation from this supervisor? Mark yes or no.**	**If you don't have a letter in your file, do you expect to receive a letter of recommendation from this supervisor? Mark yes or no.**
Activity 1								
Activity 2								
Activity 3								
Activity 4								
Activity 5								

First Name: _____ Last Name: _____ Email: _____

RESEARCH EXPERIENCE

	Your Title	Organization	Supervisor	From (month/year)	To (month/year)	Numbered list of your duties	Does your electronic file contain a letter of recommendation from this supervisor? Mark yes or no.	If you don't have a letter in your file, do you expect to receive a letter of recommendation from this supervisor? Mark yes or no.	Do you have any abstracts/ presentations/ posters/ publications associated with this activity?
Activity 1									
Activity 2									
Activity 3									
Activity 4									
Activity 5									

First Name: _____ Last Name: _____ Email: _____

EMPLOYMENT

	Your Title	**Organization**	**Supervisor**	**From (month/year)**	**To (month/year)**	**Numbered list of your duties**	**Does your electronic file contain a letter of recommendation from this supervisor? Mark yes or no.**	**If you don't have a letter in your file, do you expect to receive a letter of recommendation from this supervisor? Mark yes or no.**
Activity 1								
Activity 2								
Activity 3								
Activity 4								
Activity 5								

First Name: _____ Last Name: _____ Email: _____

AWARDS AND HONORS

Title	Organization that granted you the honor/award	Contact person to authenticate this award/ honor	Date (month/year)	Why were you selected/ granted this award/ honor? (you can refer to the description of the award/ honor to determine the specific eligibility criteria for which you qualified)
Award/Honor 1				
Award/Honor 2				
Award/Honor 3				
Award/Honor 4				
Award/Honor 5				