

UNIVERSITY of  
**HOUSTON**

**Health Professions Advisory Committee (HPAC)**  
**LETTERS OF EVALUATION SUBMISSION REQUEST**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
UH ID

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Email

I would like letters from the following evaluators to be included in my HPAC Letter Packet:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

As an HPAC participant, Health Professions Advising can upload your Letters of Evaluation (including the HPAC committee letter) as a letter packet to each primary application. We cannot upload your letters until you have 1) received your HPAC evaluation results, 2) submitted this form to [prehealth@uh.edu](mailto:prehealth@uh.edu), and 3) completed the letter-writer section of each application.

On the Letters section of each application, indicate that you're expecting a Health Professions Packet (TMDSAS) or a Committee Letter Packet (AMCAS, AACOMAS, AADSAS). For AMCAS, AACOMAS, and AADSAS, please be sure to use [prehealth@uh.edu](mailto:prehealth@uh.edu) as the contact email address. For all applications, please ensure you have selected "Yes" to submit application information to our office. See our website for more details.

**Primary Contact Information:**

Kialyn Yendell | Health Professions Advising  
[prehealth@uh.edu](mailto:prehealth@uh.edu) | 713.743.2681  
4742 Calhoun Rd. CBB 205 | Houston, TX 77204

\_\_\_\_ **I wish to use a general HPAC cover letter, not the HPAC committee letter.**

Check here if you wish for your packet to include your letters and a general cover letter (without committee ranking) indicating you have asked HPAC to send your letters for this application cycle.

\_\_\_\_ **TMDSAS**

Check here if you are applying to Texas medical or dental schools via TMDSAS. TMDSAS ID# \_\_\_\_\_.

\_\_\_\_ **AMCAS**

Check here if you are applying to the TCU/UNTHSC School of Medicine and/or any out-of-state allopathic (MD) medical schools. You must also submit the [AMCAS letter authorization form](#) in order for your letters to be submitted to AMCAS. Please submit authorization request and this request in the same email.

\_\_\_\_ **AACOMAS**

Check here if you are applying to University of the Incarnate Word or any out-of-state osteopathic (DO) medical schools.

\_\_\_\_ **AADSAS**

Check here if you are applying to any out-of-state dental schools.

\_\_\_\_ **Interfolio**

Check here if you wish for your letter packet to be uploaded to your Interfolio account (letters cannot be submitted individually). You must also submit an Interfolio request to [prehealth@uh.edu](mailto:prehealth@uh.edu)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Signing this form electronically is the legal equivalent of your written signature and confirms your agreement to the instructions above and that you waive your right to view your letters of evaluation.

**NOTE:** Letters are submitted electronically. It is your responsibility to check that your letters have been received by the application services.