

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 _____

Once you have completed the HPAC evaluation, our office will 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) completed the letter-writer section of each application, and 3) submitted this form to prehealth@uh.edu.

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 as the contact email address. For all applications, please ensure you have selected "Yes" to submit application information to our office.

Primary Contact Information:

Kialyn Yendell | Pre-Health Advising Center
prehealth@uh.edu | 713.743.2681
4742 Calhoun Rd. CBB 215 | Houston, TX 77204

____ **I wish to exclude my HPAC evaluation from my letter packet.**

Check here if you wish to include only a general cover letter indicating you have completed the HPAC evaluation for this application cycle, but do not want your committee ranking to be included in your letter packet.

____ **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 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 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)

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.