

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) 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 | Health Professions Advising
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 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 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). You must also submit an Interfolio request to 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.