

HEALTH PROFESSIONS AND PRELAW CENTER

Indiana University Bloomington ■ University Division ■ Maxwell Hall 010 ■ 750 E. Kirkwood Ave.
Bloomington IN 47405 ■ 812-855-1873 ■ Fax 812-856-2770 ■ reserve@indiana.edu
www.hpplc.indiana.edu

REQUEST to CREATE FACULTY COMPOSITE LETTER

Note: there is no extra charge for this service.

PRIORITY DEADLINE: JUNE 15

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

SSN: _____ UNIV ID: _____ Org. No.: _____
(circle organization: AMCAS, AADSAS)

EMAIL ADDRESS: _____ PHONE NUMBER: _____

AREA OF STUDY: Medicine Dentistry

ALL FACULTY LETTERS in your file must be included in a composite, and only faculty letters will be included; personal recommendations will be copied and included separately.

Note: *this is a request to **CREATE** a composite. **It will NOT cause the composite to be sent.** To send this composite you must submit a separate "Request for Recommendations to be Sent" form **AFTER** the composite has been created and placed in your file.*

PLEASE LIST THE NAMES OF ALL FACULTY RECOMMENDERS WHO HAVE ALREADY or WHO WILL SUBMIT LETTERS TO YOUR FILE:

Names of all faculty recommenders: (last name only)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*In order to guarantee that your composite will be prepared by July 31 of a given year, **ALL ABOVE LETTERS must be received** by the HPPLC recommendation service **on or before June 15**. Applicants who also submit this "Request for Composite" form by June 15 are guaranteed to have their composites ready by the following July 31.*

Requests that do not meet the deadline will be processed thereafter in the order received.

Student Signature: _____

For office use only: Date Composite was completed: