

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 FOR RECOMMENDATIONS TO BE SENT

Please allow ten (10) business days for requests to be processed.

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

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

EMAIL ADDRESS: _____ PHONE NUMBER: _____

AREA OF STUDY: Medicine Law Dentistry Allied Health

PLEASE USE ONE FORM FOR *EACH SCHOOL*

Please give complete school name and correct address, including city, state, and zip code.

Please send my recommendations to:

Recommendations to be sent: (by last name only)

For PREMEDICAL, PREDENTAL and HEALTH PROFESSIONS STUDENTS:

Do you want your faculty composite¹ sent to the above address? Yes No

¹PREMED, PREDENT, and HEALTH PROFESSIONS STUDENTS: *If you have not yet requested that a faculty composite be created, you must first submit a "Request to Create Faculty Composite Letter" form.*

NOTE:

For ALL students---by signing below you acknowledge and agree to the following:

I ascertain that ALL recommendations listed above are now in my file. **If one is NOT**, I understand that this form will be considered VOID and NO RECOMMENDATIONS will be sent.

For ALL students---by signing below you agree to the following:

I give HPPLC permission to bill my bursar account at Indiana University for any additional charges incurred.

Student
Signature: _____

Please notify the Registrar's Office of any address changes.

Office Use Only

Date Sent From Center:

By:

