



25 Lawn Avenue, Butterfield A
Middletown, CT 06459
860-685-2180

REQUEST FOR A LETTER OF CLEARANCE

(Please Print Clearly)

I, _____, Class of _____

(Wesleyan ID # _____),

hereby request that the
Dean's Office review the Student Judiciary Board and Honor Board
records and provide the Wesleyan University Health Professions
Panel with a Letter of Clearance as part of my application to medical/
dental/veterinary school.

Signature

Date

Printed Name

This request, with your signature on it, will be sent to the Dean's Office prior to the end of the current academic year. The Letter of Clearance will become part of your credential file. At your request, or at the request of admissions personnel at a health professions graduate school that requires such a letter as a condition of acceptance or matriculation, a copy will be sent for inclusion in your file at that school. If you have any questions about the Letter of Clearance, or the review process involved, please consult with Wesleyan's Health Professions Advisor, your Class Dean, or the Dean of the College before completing this form.