

## REQUEST FOR A LETTER PACKET

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Name \_\_\_\_\_ Class Year \_\_\_\_\_  
                    First                      Middle                      Last

Wes ID# \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

I hereby authorize the Credential Service to prepare a Health Professions Letter Packet for my application to \_\_\_\_\_ (E.g. **Medicine, Dentistry, Veterinary, Optometry**). I have read and understand the information regarding the purpose and construction of the Letter Packet and accept the conditions under which this packet is prepared and distributed. Go to <http://www.wesleyan.edu/careercenter/students/health/index.html>

*I understand that the letter packet will be compiled from the individual letters of recommendation submitted to veCollect on my behalf. By waiving my right to see the letters, I understand that the letters will not be made available to any party other than the members of admissions committees at health professions graduate schools where I am applying and have specifically requested, in writing, that the letters be sent. I understand that the purpose of this waiver is to protect my privacy as an individual, to assure the integrity of the letter packet process, and to strengthen the credibility of the letters written on my behalf. I have asked any questions that I may have about the letter packet and the process involved in its compilation prior to signing this waiver.*

I hereby request that a Letter Packet be prepared on my behalf and waive my right of access to this packet.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I am requesting letters of recommendation from the following individuals. **I will notify Rosalind Adgers, of any change in recommenders.** I am responsible for monitoring the receipt of letters on my behalf via **veCollect**. PLEASE list your recommenders below.

_____	_____
_____	_____
_____	_____
_____	_____

The deadline to request a Letter Packet is 30 May 2017. It is essential that the applicant request a veCollect Account from Wesleyan by completing the corresponding form.