

COMMITTEE LETTER FILE REGISTRATION FORM

Rosalind Adgers, Health Professions Administrative Assistant
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Name: _____ Class: _____

Wes Student ID #: _____

Campus Address: _____

Cell Phone #: _____ E-Mail: _____

Permanent Home Address _____

State of Residence: _____

Home Phone (Please include Area Code): _____ Cell Phone _____

Which Health Profession are you applying to? _____

Medical and Dental applicants' registration fee for the Committee Letter or Letter Packet is \$50. ____

Veterinary Medicine applicants' registration fee for the Committee Letter or Letter Packet is \$35. ____

Committee Letter File Fee Waiver: Applicants with extreme financial need may be eligible to receive a Fee Waiver and may apply by completing a "Committee Letter Registration Fee Waiver" form.

You may charge this service to your student account until the 30th of March. *I certify that I have read about and understand the Committee Letter File process. I am aware that the my Committee Letter File will be prepared and uploaded/mailed only upon my written, signed request.* Requests by phone or e-mail will not be accepted.

Signature: _____ Date: _____

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## OFFICE ONLY

**PAYMENT RECEIVED: AMOUNT \$\_\_\_\_\_ .00**

**MODE OF PAYMENT: Cash \_\_\_\_\_ Check \_\_\_\_\_ Charge to Student Account \_\_\_\_\_**

**RECEIVED FEE WAIVER APPROVAL: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A**