

**BIOGRAPHICAL INFORMATION FORM
AND
REQUEST FOR A HEALTH SCIENCES COMMITTEE LETTER OF REFERENCE**

Return to: Health Sciences Committee
Division of Natural Sciences
Pacific Lutheran University
Tacoma WA 98447

8-character password to check status of your committee
letter at <http://www.plu.edu/healthsciences>

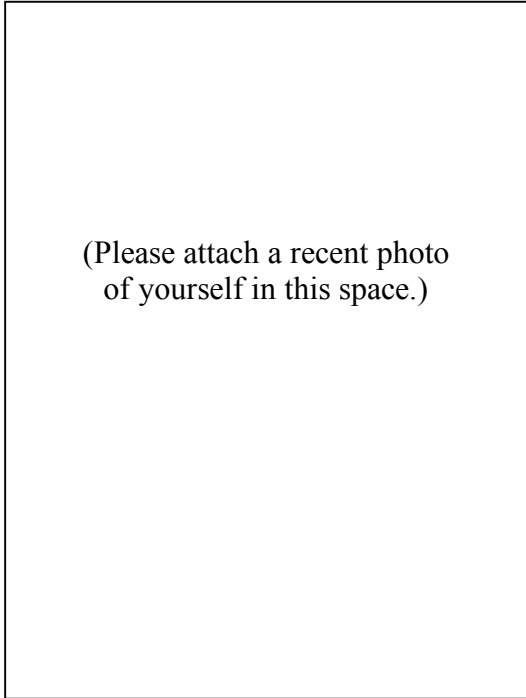
Date submitted:

Full name:

To which type of school are you applying?

(e.g. medical, dental, veterinary, PA, physical therapy)

PLU ID #: _____



AMCAS or DENTPIN or Interfolio ID number(s): _____
(if known, and if applicable)

*** [] If I am using an application processing service, I have submitted (or will submit) the letter request form(s) to the HSC, with the HSC coordinator listed as the letter-writer. ***

Your Health Sciences adviser: _____

Permanent address:

Current address and telephone:

e-mail address(es): _____

Name of school

Location

Dates of Attendance

High School(s)

College(s)

Actual (or expected) college graduation date: _____

*** [] I have attached my unofficial transcript(s), showing all college-level courses completed or in progress. (Note: a printout from Bannerweb will suffice.) ***

College major(s) (B.S. or B.A.): _____

College minor(s): _____

Adviser(s) for your major(s): _____

List the granting agency and the period covered for any scholarships you have been awarded. Please indicate which scholarships were merit-based (as opposed to need-based).

Date(s) when you took (or will take) professional test: _____
(if no tests are required for the schools or programs you are applying to, state that here)

Professional test scores (e.g., MCAT, DAT)
(Be specific: "BS = X, PS = Y", etc.) _____

If you are not admitted to any schools this year, what are your immediate plans?

Will you reapply? What do you intend to do in the time prior to your reapplication?

What alternative career plans do you have?

Your Health Sciences file contains this information form, college transcripts, and letters of recommendation written on your behalf. The letters of recommendation that we receive might be quoted in our committee letter of recommendation, or even included in their entirety when the HSC letter is sent (upon your written authorization) to application processing services or health care professional schools.

List the PLU faculty members (at least 2, no more than 5) who know you best; they need not *all* be from science departments, but *some of them should be*. Please download (from the HSC website) the request/waiver form and give one to each letter-writer, preferably by June 15. Ask him/her to send the letter directly to the Health Sciences Committee by mid-August or early September.

I have given a request/waiver form to each person listed below.

It is essential for your file to have assessments from professionals in your chosen field. Letters from others such as work supervisors, faculty members at other schools, etc. are also very helpful. Please provide each person with a request/waiver form, preferably by June 15. Ask him/her to send the letter directly to the Health Sciences Committee by mid-August or early September. List the names of these letter-writers below. There should be at least two letters, and no more than five.

I have given a request/waiver form to each person listed below.

Summarize your motivation for desiring to enter your chosen career, and cite factors that have been important in helping you make this decision. Attach a separate sheet if necessary. If you have prepared an admissions essay or personal statement that summarizes your motivation, you should attach that essay in lieu of writing anything in this space.

List activities (other than work and volunteer experiences) in which you have been involved. Describe the part you took, any positions you held, mention any honors you received, and the dates of participation.

High school:

College:

Hobbies:

List work and other related experiences (including volunteer work). Include starting and ending dates, and the number of hours worked per week. **This list should include substantial, clinical, hands-on experiences, or job shadow(s), in your chosen field.** Include a separate sheet if necessary.

Experience

Dates

Hours/week

When professional schools receive the preliminary application materials you submit, they will request that letters of recommendation be sent on your behalf. With your permission, the Health Sciences Committee prepares and submits a committee letter.

To ensure timely submission of the letter we have written on your behalf, this means that this completed form and your outside letters of recommendation should reach us **as early as possible**.

The Family Educational Rights and Privacy Act (FERPA) enacted in 1974 (and amended numerous times since) requires that you grant written permission to release information included in your educational record. The committee's letter of recommendation includes such information. The letter we write on your behalf is **not** part of your educational record, and FERPA does not include any provision that permits you to review the letter. Therefore, in making a written request for a letter of recommendation, you are also waiving your right to review the letter.

I hereby request that a Health Sciences Committee letter of recommendation be sent to the following institution(s), or to an application processing service:

I consent to the release of information from my educational records, as well as to the submission of conclusions and observations regarding my performance while attending Pacific Lutheran University, to the institutions listed or to an application processing service. I waive the right to review the Health Sciences Committee letter that is sent on my behalf, and by my request.

Date submitted

Signature

Name (printed)

The previous 5 pages, which comprise your biographical information form, should be turned in to start the process for the committee letter. This final page is different.

The Health Sciences Committee requests that you retain this page, and submit it after the admissions decision process has been completed. The information on it is confidential and it will be helpful in compiling statistics so that we may do our job better.

Type of program

Of the following schools that I applied to, I have circled all those that offered me an interview, and put a star (*) next to the schools to which I was granted admission:



Name (printed)

Please return/mail/email this information to:

Coordinator, Health Sciences Committee
Division of Natural Sciences
Pacific Lutheran University
Tacoma WA 98447