



## LETTERS PACKET

### ATTENTION

## All Applicants to the 2018 Entering Class of *Medical, Dental, and Podiatric Professional Schools*

You will need a **minimum Overall GPA of 3.0** in order to qualify for the LETTERS PACKET offered by the Office of Pre-Health and Pre-Law Advising (PHPL Advising).

**PLEASE NOTE:** UCF applicants to *Pharmacy, Veterinary Medicine, Optometry, Chiropractic, Physician Assistant, Physical Therapy, Occupational Therapy, and Public Health* schools submit their applications independently of our office. The national application services for these professions severely limit the functionality and submission of our LETTERS PACKET for applicants to these professions.

For all medical, dental, and podiatric school applicants, the deadline for submission of the following Letters Packet to PHPL Advising is **May 15th, 2017 (Gold Zone)**, **June 15<sup>th</sup>, 2017 (Silver Zone)**, and ultimately **August 1st, 2017 (Bronze Zone)**. The earlier you submit your Letters Packet Application Forms, the more beneficial it will be for you in the application process, so we staggered the deadlines to encourage applicants to submit early. All completed forms, *with the exception of the signed Waiver/Statement of Agreement form*, must be sent via e-mail to [Susan.Yantz@ucf.edu](mailto:Susan.Yantz@ucf.edu). PLEASE NOTE: Please bring your signed Waiver/Statement of Agreement form IN-PERSON (if at all possible) to PHPL Advising located in Ferrell Commons, Bldg. 7G, Room 203.

LETTERS PACKETS are submitted to national application services for applicants in the chronological order of **completion** (including receiving all letters of evaluation and assessment forms), so **it will be in your best interest to submit your materials as soon as possible**. If you have any questions or concerns about our support service, please contact PHPL Advising at (407) 823-3033.

### **AUTOBIOGRAPHY (OPTIONAL)**

*"I think doing the autobiography on my Letters Packet was an excellent decision and highly recommend other students to do it even though it is more work. Two out of three of my interviews asked me about things I mentioned in my autobiography and it helped them get to know me better." – Jitzely Rodriguez, 2017 Applicant*

Please indicate below your choice regarding the inclusion of an Autobiography, which will be forwarded in its entirety to your designated application service as part of your LETTERS PACKET. If you choose to include this document, please note that it must be completed and turned in AT THE SAME TIME as your other Letters Packet forms (which follow this cover page).

I \_\_\_\_\_ CHOOSE or \_\_\_\_\_ DO NOT CHOOSE to include the *optional* feature of an Autobiography as part of my LETTERS PACKET.

It is the position of PHPL Advising that this section of the application should be used to describe yourself in a "uniquely you" style. Please remember that the Autobiography is limited to three and one half (3 ½) pages. You must be concise, yet accurate and sufficiently detailed.



UNIVERSITY OF CENTRAL FLORIDA  
OFFICE OF PRE-HEALTH AND PRE-LAW ADVISING



**CONFIDENTIAL BACKGROUND FORM**

**FOR ENTERING CLASS OF 2018**

Name:		
<b>Last</b>	<b>First</b>	<b>Middle</b>
UCF ID:	NID:	Date of Birth:
E-Mail: @knights.ucf.edu		Phone #:
Pre-Health Profession: Pre-		Major:
Permanent Address:		
City:		State: Zip:
State of Legal Residence:		Citizenship:

**Family Information:**

	Father	Mother	Spouse
Name:			
Occupation:			
State of Residence:			
Education/Degrees:			
Institution Attended:			

**Colleges or Universities Attended:**

List in reverse chronological order

College or University	Type of Degree	Academic Major	Dates Attended		Graduation Year
			From	To	

**Application Service ID #:**

The ID # is REQUIRED of all applicants, although it may be obtained later in the process

AMCAS ID & LETTER ID	
AACOMAS ID	
AADSAS ID	
AACPMAS ID	



**LETTERS OF EVALUATION (LOE)  
REQUEST FORM**

**Instructions:** Individuals from whom reference letters are to be solicited must have full name, building and office number (on-campus) or full mailing address (off-campus).

**Science faculty (2):** In addition to full name and campus address, be sure to include course prefix, number, and term.

Name			
Address			
E-Mail Address			
Course (s)		Term (s)	
Course (s)		Term (s)	

Name			
Address			
E-Mail Address			
Course (s)		Term (s)	
Course (s)		Term (s)	

**Non-Science faculty (1):** In addition to full name and campus address, be sure to include course prefix, number, and term.

Name			
Address			
E-Mail Address			
Course (s)		Term (s)	
Course (s)		Term (s)	

**Character/Other (2):** Include full name, title (M.D., D.O., D.M.D., etc.) and complete mailing address. Examples of references in this category include an employer, health care practitioner, research supervisor, or any other individual who can provide evidence about your character.

Name			
Address			
E-Mail Address			

Name			
Address			
E-Mail Address			

For those students applying to both M.D. and D.O. schools, you may add an additional LOR from a D.O. you've shadowed (sometimes required, but at least highly recommended), which would be sent ONLY to the D.O. schools. Each school will still only receive five (5) LOR's on your behalf, but the packets produced and distributed will be different.

Name			
Address			
E-Mail Address			



UNIVERSITY OF CENTRAL FLORIDA  
OFFICE OF PRE-HEALTH AND PRE-LAW ADVISING  
**LIST OF SCHOOLS**



List institutions to which your Letters Packet is to be sent. Please specify the EXACT institution name.

Check this box if you are applying EARLY DECISION to one of the schools listed below, and be sure to discuss this Early Decision choice with the PHPL Advising staff upon submission.

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