

**UNIVERSITY OF NORTH FLORIDA
PREMEDICAL PROFESSIONS PROGRAM**

RECOMMENDATION LETTER TRANSMISSION FORM

Office use only
Fee _____
Paid: _____

I request and authorize the UNF PreMed Advisor or representative to send my composite/cover letter and evaluations to the following health profession schools. **I will provide a one time \$10 service fee to cover the cost of the electronic services, postage, other expenses.**

School Name- Please write the entire name of the school. Use additional forms if needed.	Submitted (Y or N)
1	
2	
3	
4	
5	
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10	

School type: Allopathic Optometry Osteopathic Pharmacy Dental Veterinary Phys. Asst. Other _____

I have requested letters from the following individuals.	Title or position	Received (date)
1		
2		
3		
4		
5		

STUDENT NAME (Please Print): _____

N#: _____ **Application # (AAMC, AADSAS, etc) :** _____

Letter ID: _____ (for AAMC only)

EMAIL ADDRESS: _____ **Phone #:** _____

SIGNATURE: _____ **DATE:** _____