HARVARD COLLEGE

ELIOT HOUSE

Dean's Letter Waiver Form & Pre-Medical Agreement

Please complete this form and deliver it by hand or send it by mail to:

Dr. Andrea Wright
Office of the Allston Burr Resident Dean
Eliot House N-22
101 Dunster Street
Cambridge, MA 02138

617-495-2275 (phone); 617-496-2800 (fax)

Name of Student (p	rint):	Class:	
Name of Recommen	nder (print): <u>Eliot House Pre-Health</u>	Committee (EHPHC)	
Purpose of Recomm	nendation: Dean's Letter for Application	on to Medical School	
		commendation to the medical schools that I designate. stitutions.	
Student's signature		Date	
		d Privacy Act, 20 U.S.C. § 1232g ("FERPA"), I have the	
I hereby WAIV recommendation.	/E/ DO NOT WAIVE my right of	access under FERPA with respect to this letter of	
Student's signature		Date	
medical school appl		ed of the requirements for entering and completing the Documents that are crucial to completing my premed ed to) the following:	
1.		s completed, signaling my intent to apply to medical	
2	school (due February 28)	Constant Enlarge 20)	
2. 3.	(1)		
4.	List of Recommendation Letter Writers indicated on the portal (due March 15)		
5.	3-6 Letters of Recommendation with Accompanying House Waiver Forms (due April 15)		
6.	MCAT Score Report (uploaded when able)		
7.	Unofficial Transcript, including spring grades and cumulative GPA (due June 1)		
8.	PDF or paper copy of the AMCAS Letter Request Form (due June 1)		
9.	Pre-addressed, stamped envelopes fo letter system. (See the Eliot Website f	r any medical schools not using the VirtualEvals online for instructions.)	
Student's signature		Date	

Rev. 6/2016