



The University Of

T A M P A

401 W. Kennedy Blvd., Tampa, Florida 33606-1490 U.S.A.

Pre-Health Professional Letters of Recommendations

General Information

Students attending the University of Tampa who intend to pursue professional doctoral studies in any of the health professions (medicine, dentistry, veterinary medicine, optometry, and pharmacy) are *strongly encouraged* to request a letter of recommendation from the University's Pre-Health Professional Committee.

The Pre-Health Professional Committee (PHPC) is composed of full-time faculty from the Departments of Biology and Chemistry/Biochemistry/Physics who have relevant experience and expertise in evaluating and assisting students with their applications to professional schools. *After* requesting a letter from the Committee, students are, of course, welcome to request additional individual letters from their professors as needed, but individual professors will confirm that a Committee Letter has been requested prior to writing an individual letter. **The deadline for submitting the letter request form is March 1, 2025**

Committee Process

Upon receipt of the information required (see below), the PHPC surveys all science (Biology, Chemistry, Physics, and Mathematics) professors, from whom each student has taken a course, about the students' performance in their courses and other factors as appropriate. These survey results are used to compose an informed, impartial letter that reflects the consensus of the Committee with regard to the student's suitability for graduate professional study in their intended field. Please note that the PHPC withholds its highest level of recommendation for students who fail to submit standardized test scores, and **does not typically write letters for students with BCPM GPA's below 3.2. Students with a BCPM GPA below 3.2 are urged to contact the Co-Chairs of the PHPC for advising.** In addition, the PHPC reserves the right to decline to recommend a student for any reason. The PHPC issues one of three levels of recommendations based on these data, including:

1. With Utmost Confidence
2. With Confidence
3. With Reservation

Additional Committee Activities

At the sole discretion of the Committee, members of the Committee, who volunteer their time to help, may also assist students with portions of the application process, including critical assessment of personal statements, selection of schools,

interview preparation, and other difficult portions of the process. This type of assistance is only available with sufficient advance request to the Committee, and the Committee and its members may decline to assist any student without specifying a reason.

Process for Requesting a Letter of Recommendation from the Pre-Health Professional Committee.

Students wishing to apply to any graduate health professional school in pursuit of a doctoral degree (*e.g.*, medical, dental, veterinary medical, optometry, pharmacy, etc.) must complete the attached **Pre-Health Professional Committee Letter of Recommendation Request** (see below). The form serves as a request for a letter, and also constitutes a legally binding document indicating whether or not the student waives his or her rights of access to the recommendation letter in the future. Most students waive their right to access the letter due to the implications of student retention of this right. Students with **questions** about this should **contact the Committee Co-Chairs, Dr. Kimberly Dobrinski, kdobrinski@ut.edu and Dr. Michael French, mfrench@ut.edu.**

Completed request forms must be returned to Dr. Kimberly Dobrinski, kdobrinski@ut.edu, via e-mail by March 1, 2025, with the following additional required information (see below).

1. **A UT transcript**, including grades for the last completed semester (unofficial print-outs from Workday are acceptable).
 - Students without current access to Workday (*e.g.*, graduates) should contact Jackie Mikulski, Jmikulski@ut.edu, to inquire about this.
2. A **signed** version of the first page (*i.e.*, the waiver page) **saved as a PDF**.
 - **Please examine this page for quality of penmanship as this page will be sent to professional schools along with your file.**
3. A **photo** (headshot, student ID photo, etc.) of the applicant.
4. Students are required to provide an electronic **copy of the standardized test score(s)** required for the schools to which the student is applying (*e.g.*, MCAT, DAT, OAT, GRE, or PCAT). Students may complete this application in the absence of these test scores, but must make the Committee aware of when/if these scores will become available. **Note that the Committee will not prepare a letter of recommendation until a copy of their relevant standardized test scores is provided.** Acceptable formats include pdf (preferred), jpg, and gif.
5. Students are required to provide **a copy of their personal statements** (or other required essays) from the application. The committee may draw upon these to ensure a relevant, personalized letter is written on behalf of the applicant, which may benefit the student. Students may complete this application in the absence of personal statements, but must make the Committee aware of when these statements will become available. **Note that the Committee will not prepare a letter of recommendation until personal statement(s) are provided to the committee.**

Dr. Dobrinski will acknowledge receipt of the completed forms, and the co-chairs of the committee will inform students after letters have been completed and sent out. Good luck and best wishes from the members of the Committee!



The University Of

T A M P A

401 W. Kennedy Blvd., Tampa, Florida 33606-1490 U.S.A.

**Pre-Health Professional Committee
Letter of Recommendation Request**

Date: _____

Applicant's Name: _____

Applicants to any Health Professional schools are required to request a letter of recommendation from the University of Tampa Pre-Health Professional Committee.

Check a response under each heading below.

Waiver of Right of Access to Evaluation (Check only one box):

- I waive my right of access to this evaluation.
- This evaluation should not be reported as confidential as I wish to retain my right of access to its contents.

I understand that the choice made above as indicated by my signature constitutes a legally binding document. Further, I understand that it is the policy of the Committee to withhold its highest level of recommendation from any student who has not released official copies of any relevant standardized test scores (*e.g.*, MCAT, GRE, DAT, etc.) to the Pre-Health Professional Committee. I accept responsibility for ensuring that my scores are provided to the Committee in a timely manner.

(Signature)

(Date)

Student Contact Information:

Insert complete contact information below. Please note that current UT students are responsible for checking their UT e-mail account regularly, and for keeping that account in working order (e.g., do not exceed the storage capacity of your e-mail account, etc.).

Last Name		First Name		Middle Name	
Address (home)		Address (at UT)		Photo Attached? Filename?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No Filename:	
Home Phone		Cell Phone (at UT)		Student ID Number:	
()		()			
UT E-mail:		Alternate E-mail:		Application Service:	App. Serv. ID#:
Standardized Test Taken		Scores Attached:		Availability of Scores	
<input type="checkbox"/> MCAT <input type="checkbox"/> GRE <input type="checkbox"/> DAT <input type="checkbox"/> PCAT <input type="checkbox"/> OAT <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Decline to Provide <input type="checkbox"/> Available (date): _____	
Standardized Test Scores					
Enter Detailed Score(s) here: _____					
MCAT Example: <u>PS 10, VR 10, WS M, BS 10 = Total: 30M</u>					
Academic Integrity					
Have you ever been found guilty of an Academic Integrity Violation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please explain:					


Schools to Which Student is Applying

Check the appropriate box to indicate which type of schools you're applying to.

- AMCAS US Medical Schools
- DO Schools
- Caribbean/Foreign Medical Schools
- Podiatry
- Dental School
- Veterinary School
- Pharmacy School
- Optometry School

Personal Statement or Essay:

Please insert a copy of your personal statement or essay required for your application for admission to professional school. If available at the time of this request, the committee will be able to use this essay to ensure a more personal letter is written on your behalf. If your essay is not yet available, but you would like to provide it at a later date, please contact one of the committee co-chairs.

A large, empty rectangular box with a thin black border, intended for the user to paste their personal statement or essay. The box occupies the lower half of the page.

Comments:

Please insert any additional comments that you believe may be of benefit to the Committee in evaluating your candidacy for admission to the professional program of your choosing (spatially limited to the box below).

If you are graduating in 2025 but are not applying until the following cycle, Summer 2026, let us know your gap (growth) year intention and plans.

A large, empty rectangular box with a thin black border, intended for the applicant to write their comments. The box is currently blank.