

Office Use Only
Date Received: _____

Department of Biochemistry and Biomedical Sciences
Request for Letter of Reference

Student Name: _____ Student #: _____

MAC email: _____ Level: _____ Program: _____

Course(s) taken with Dr. Vulcu: _____

Term and year the course(s) was (were) taken: _____

Please check that you have included the following:

- Signed FIPPA Disclosure Form
- Any additional forms (***Make sure Applicant areas are completed on ALL forms**)
- I have read and carefully followed all of the procedures for requesting a Letter of Reference

Student Signature: _____

NOTE: REFERENCE REQUESTS MUST BE SUBMITTED AT LEAST 4 WEEKS IN ADVANCE OF THE DUE DATE OR THEY WILL NOT BE ACCEPTED

Please list each institution/scholarship for which you have requested a Reference Letter with the corresponding due date.

Due Date	Institution/Scholarship Name	Online Reference Service used eg. Interfolio, AMCAS etc.	Date Sent office use only