



Letter Packet Guidelines Acknowledgement Form

To be able to request a letter packet, check each box and sign to acknowledge that you understand the information below:

1. To qualify for a **committee or advisor letter**, I must submit the following:

Pre-Medical:

- a. Two letters from science faculty who taught you in a 3 or more credit course
- b. One letter from any faculty that taught you in any 3 or more credit course (science or nonscience)
- c. [Optional] A letter from a professional the chosen field. Some programs require this letter.
- d. [Optional] A letter from a research mentor

Pre-Dental:

- e. Two letters from science faculty who taught you in a 3 or more credit course
- f. We encourage you to get a letter from a dentist you have shadowed to show your commitment. If you can't, consider another faculty or supervisor.
- g. [Optional] A letter from a research mentor.

I acknowledge

2. To qualify for a **committee letter**, I must meet the following criteria:

Minimum GPA Requirements:

- a. **Pre-Medical:** 3.5 Overall GPA and Science GPA
- b. **Pre-Dental:** 3.3 Overall GPA and Science GPA

Minimum Test Score Requirements:

- c. **MCAT:** 506 with no section lower than 123
- d. **DAT:** 410 Total Science and 410 Academic Average (19/19 old score system)

I acknowledge

3. To qualify for an **advisor letter**, I must meet the following criteria:

Minimum GPA Requirements:

- a. **Pre-Medical:** 3.2 Overall GPA and Science GPA
- b. **Pre-Dental:** 3.0 Overall GPA and Science GPA

Minimum Test Score Requirements:

- c. **MCAT:** 502 with no section lower than 123
- d. **DAT:** 390 Total Science and 390 Academic Average (18/18 old score system)

I acknowledge

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4. To be able **Petition** to receive the Committee Letter.
- a. I **must** meet all the minimum requirements for an **Advisor Letter Packet** to be eligible to petition for a Committee Letter Packet.

I acknowledge

5. To be able to request an **individual letter packet**, there are no minimum GPA or Test Score requirements and I will follow further Canvas instructions.

I acknowledge

6. If I am a **reapplicant**, I will follow the instructions in Canvas and contact the Pre-Health Advising office at preprof@fiu.edu or (305) 348-0515 for any questions.

I acknowledge

7. I understand that all letters of recommendation must be collected in Interfolio only.

I acknowledge that I will **not request or submit individual letters directly through the applications portals** if those letters are intended to be included in my Pre-Health letter packet.

I understand that submitting the same letter both as an individual letter and as part of a letter packet may result in delays to my application.

I acknowledge

8. I understand that **I should not request the addition of a new letter after a letter packet has already been uploaded by our director to the application portals**, as it will lead to delays in my application.

However, I understand that I can request any new letters from the letter writers directly through the application portals (AMCAS, AACOMAS, and AADSAS).

I acknowledge

If you have any questions, do not hesitate to contact our office at preprof@fiu.edu or (305) 348-0515.

Student Signature and Date