

HPAC Letter of Recommendation Waive/Retain Form

Office of Health Professions | College of Science

University of North Texas

940-369-7500 | healthcareers@unt.edu

Full Name of Applicant (**include middle initial**): _____

Applying for: Dental Medical Optometry Podiatry

Year of Application Cycle: 2024 for Entry Year 2025

Applicant must select and sign for ONE of the following statements:

I hereby voluntarily **WAIVE** and relinquish any right of access to this confidential letter of recommendation

I **RETAIN** my right of access to this letter of recommendation

Signature: _____

Date: _____

To Be Completed by the Letter Writer Only

Name & Title of the Letter Writer: _____

School/Department/Office: _____

E-mail: _____

Address: _____

Phone: _____

Relationship to the Applicant: _____

Note: For students who participate in the UNT HPAC process, the Office of Health Professions acts as a "letter service" that collects each participant's letters of recommendation for their application to professional schools. Once all letters have been received for a student, the committee letter packet will be uploaded to the application services on his or her behalf. By signing below, you request the UNT HPAC to include your letter(s) in the packet submitted in the current or a future application cycle.

Letter Writer's Signature: _____

Date: _____

Please provide your initials indicating completion of the following:

- Letter of Evaluation is on official letterhead _____
- Letter of Evaluation has been signed _____

Letter Writer: Please include a final completed copy of this Waive/Retain Form with the letter of recommendation you upload to the HPAC eForm. If you are unable to use the eForm, please e-mail or mail a copy of your letter and Waive/Retain Form to our Assistant Dean, Todd Lang.

Todd Lang
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