



Pre-Professional Health Sciences Committee Letter Waiver

By signing this form I waive my right to view the contents of the SPU PPHS committee recommendation letter

Printed student name

Signature of student

Date

Student Life Waiver

I grant permission for the PPHS interview committee to be informed of any SPU Student Life citations I may have incurred while a student at SPU (if applicable). Required to conform to National Application Standards.

Signature of student

Date