Letter Packet Application

OVERVIEW AND INSTRUCTIONS FOR APPLICATION
Cycle 2026-2027

REQUIRED DOCUMENTS FOR LETTER PACKET
Material can be submitted via email to itoa@fullerton.edu.

- Submit this packet to itoa@fullerton.edu
- All letters of recommendation noted on your intent to apply application.
- Professional school application
- List of Schools (Please provide the document available on our website if the list of schools you applied to does not appear on your professional school application. Note that the list of schools you provide to our office is final, as a result, you should submit only one list per profession. Do not approve an upload if you plan to make revisions to your list of schools.)
- Please provide an upload date once everything has been submitted. This will be the date on which we will upload/mail your committee packet to the programs to which you have applied.

Please Note: There is no deadline associated with a letter packet but students are still encouraged to submit their materials as soon as possible.

Letter Packet Application

APPLICATION Cycle 2026-2027

*Please enter your answers into the form fields provided below. You may direct any questions to **itoa@fullerton.edu**.*

I. PERSONAL DATA

First Name: **Middle Name:** **Last Name:**
Nickname: **Gender:** **Birthdate:**
(MM/DD/YYYY)

Email Address: ☐ CSUF: ☐ Personal:
(Please check the box next to your PREFERRED email)

CWID:

Local Address:

Street Address (Line 1) *Street Address (Line 2)*

City *State* *Zip Code* *Country*

Permanent Address:

Street Address (Line 1) *Street Address (Line 2)*

City *State* *Zip Code* *Country*

Home Phone: **Cell Phone:**

Will you apply for a fee waiver from the centralized application service? ☐Yes ☐No

How many hours per week, on average, were you employed during the semester?
☐ 1-10
☐ 10-20
☐ 20-35
☐ 35+

Please indicate your parent's level of education, ethnicity and race:

Father Education Level: ☐ No College ☐ Some College ☐ College Graduate ☐ Graduate School

Father Ethnicity (for statistical purposes only):
☐ Hispanic/Chicano(a)/Latino(a) (a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race)
☐ Not Hispanic
☐ Declined to state

Father Race (for statistical purposes only):

☐ American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ Black/African American – A person having origins in any of the black racial groups in Africa

☐ Middle Eastern- A person having origins from western Asia and northeast Africa, including the nations on the Arabian Peninsula, Egypt, Iran, Iraq, Israel, Jordan, Lebanon, Syria, and Turkey.

☐ Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, Polynesia, Micronesia, or other Pacific Islands

☐ White – A person having origins in any of the original peoples of Europe

☐ Decline to State

Mother Education Level: ☐ No College ☐ Some College ☐ College Graduate ☐ Graduate School

Mother Ethnicity (for statistical purposes only):

☐ Hispanic/Chicano(a)/Latino(a) (a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race)

☐ Not Hispanic

☐ Declined to state

Mother Race (for statistical purposes only):

☐ American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ Black/African American – A person having origins in any of the black racial groups in Africa

☐ Middle Eastern- A person having origins from western Asia and northeast Africa, including the nations on the Arabian Peninsula, Egypt, Iran, Iraq, Israel, Jordan, Lebanon, Syria, and Turkey.

☐ Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, Polynesia, Micronesia, or other Pacific Islands

☐ White – A person having origins in any of the original peoples of Europe

☐ Decline to State

II. INTENT TO APPLY

Please check the types of schools/programs to which you are applying.

☐ Allopathic Medicine (M.D.)	☐ Optometry (O.D.)	☐ Pharmacy (Pharm.D.)
☐ Osteopathic Medicine (D.O.)	☐ Dual degree program (M.D./Ph.D.)	☐ Podiatric Medicine (D.P.M.)
☐ Dental (D.D.S or D.M.D.)	☐ Physician Assistant (P.A.)	☐ Veterinary Medicine (D.V.M.)

Please state the purpose of your Intent to Apply Application. **Please only check 1 box.**

☐ Applying for a letter packet. Please note that a letter packet does not contain a committee letter but rather is a compilation of all letters of recommendation requested.

☐ Applying for a committee packet. A committee packet contains a committee letter and all other letters requested.

III. LETTERS OF RECOMMENDATION

Have Letter writers send LORs directly to itoa@fullerton.edu under the subject "LOR for [your full name]".
Letters should be written on official letterhead and signed directly by the writer. Typically, at least one letter should be from a healthcare professional and at least one from a science faculty, but students should consider who will write the strongest letter for them. Students should refer to the professional program to which they are applying, to learn more about their specific letter requirements. It is recommended that a letter writer update his or her letter of recommendation if over a year old, as many institutions discard a letter older than 365 days.

RECOMMENDER 1
Full Name:
Dept/Inst:
Contact Info (email):
Job Title:
Date Requested:
Clinical Letter? ☐ Yes ☐ No

RECOMMENDER 2
Full Name:
Dept/Inst:
Contact Info (email)
Job Title:
Date Requested:
Clinical Letter? ☐ Yes ☐ No

RECOMMENDER 3
Full Name:
Dept/Inst:
Contact Info (email):
Job Title:
Date Requested:
Clinical Letter? ☐ Yes ☐ No

RECOMMENDER 4
Full Name:
Dept/Inst:
Contact Info (email):
Job Title:
Date Requested:
Clinical Letter? ☐ Yes ☐ No

RECOMMENDER 5
Full Name:
Dept/Inst:
Contact Info (email):
Job Title:
Date Requested:
Clinical Letter? ☐ Yes ☐ No

RECOMMENDER 6
Full Name:
Dept/Inst:
Contact Info (email):
Job Title:
Date Requested:
Clinical Letter? ☐ Yes ☐ No

RECOMMENDER 7
Full Name:
Dept/Inst:
Contact Info (email):
Job Title:
Date Requested:
Clinical Letter? ☐ Yes ☐ No

RECOMMENDER 8
Full Name:
Dept/Inst:
Contact Info (email):
Job Title:
Date Requested:
Clinical Letter? ☐ Yes ☐ No

XIV. INSTITUTIONAL ACTION

ACKNOWLEDGMENT OF HAVING READ AND UNDERSTOOD THE BEHAVIORAL RESPONSIBILITIES

All applicants to professional school from California State University, Fullerton must read and acknowledge the following guidelines:

A high standard of academic honesty, social conduct, and personal integrity is expected from all applicants to health professions schools. Many centralized application services include a criminal background check in the process. Specifically, the American Medical College Application Service (AMCAS) requires you to answer "yes" or "no" to the following "Institutional Action" question:

> *"Were you ever the recipient of any institutional action by any college or medial school for unacceptable academic performance or conduct violation even though such action may not have interrupted your enrollment or required you to withdraw?"*

Further, it states:

> *"You must answer 'yes' even if the action does not appear on or has been deleted from your official transcripts due to institutional policy or personal petition."*

Note that AMCAS does not limit "institutional action" to only those violations on file in the Office of the Dean of Students. Medical schools expect applicants to answer this question truthfully and to be completely forthcoming.

☐ *By checking the box to the left, I acknowledge that I have read and understand my responsibilities under the above guidelines.*

Sign by typing your name: **Date:**

(MM/DD/YYYY)

XV. RELEASE OF INFORMATION

The Health Professions Advising office seeks your assistance in gathering admissions information and as such requests that you please indicate that you will release your information to your adviser on the centralized application. Please check the box below if you anticipate releasing your information. The information is invaluable as we collect statistics and data on matriculating CSUF students.

☐ *By checking the box to the left, I acknowledge that I have read and agree to release my information to my adviser on my professional school application.*

XVI. PHOTO WAIVER

I do☐ do not ☐ authorize the HPO to use my picture and name on the HP website and in any marketing activities including newspapers, brochures, newsletters and advertisements. I am fully aware that the website provides unrestricted public access. No other personal information will be made public without my permission. The contents of the website are intended for the purposes of marketing and communication

Sign by typing your name: **Date:**

(MM/DD/YYYY)

XVII. FERPA

FERPA, the Family Educational Rights and Privacy Act of 1974, is a federal law that pertains to the release of and access to educational records. The law, also known as the Buckley Amendment, applies to all schools that receive funds under an applicable program of the US Department of Education. Go to www.ed.gov/policy/gen/guid/fpco to learn more.

Under FERPA, a school may not generally disclose personally identifiable information from an eligible student's education records to a third party unless the eligible student has provided written consent. However, there are a number of exceptions to FERPA's prohibition against non-consensual disclosure of personally identifiable information from education records. One such exception is that a school can disclose personally identifiable information from an eligible student's education records, without consent, to another school in which the student seeks or intends to enroll.

The sending school may make the disclosure if it has included in its annual notification of rights a statement that it forwards education records in such circumstances. Otherwise, the sending school must make a reasonable attempt to notify the student in advance of making the disclosure, unless the student has initiated the disclosure.

☐ By checking the box to the left, I understand that the Health Professions Office of California State University, Fullerton may disclose personally identifiable information from my records to schools to which I have applied.

XVIII. WAIVER OF ACCESS TO LETTERS OF RECOMMENDATION

I do ☐ do not ☐ waive my right of access to confidential letters, which may be obtained or sent by California State University, Fullerton. This waiver also includes right of access to the Committee Letter of Recommendation and any other letters/recommendations used to compose this letter. Letters of recommendation received in this office may be forwarded only to admissions committee at medical, dental or other doctoral-level health professional schools or military programs in conjunction with the above schools. Letters can also be sent to approved post baccalaureate programs. Letters cannot be forwarded to third parties including, but not limited to, employers, graduate schools other than the above, scholarship programs, or other education programs.

Sign by typing your name: **Date:**

(MM/DD/YYYY)

U.S. Office of Personnel Management Guide to Personnel Data Standards	**ETHNICITY AND RACE IDENTIFICATION** (Please read the Privacy Act Statement and Instructions before completing form.)
Name (Last, First, Middle Initial)	Birthdate (Month and Year)
Agency Use Only	

Privacy Act Statement

Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.

This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.

Specific Instructions: The two questions below are designed to identify your ethnicity and race. **Regardless of your answer to question 1, go to question 2.**

Question 1. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

☐ Yes ☐ No

Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.

RACIAL CATEGORY (Check as many as apply)	DEFINITION of CATEGORY
☐ American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
☐ Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
☐ Black of African American	A person having origins in any of the black racial groups of Africa.
☐ Middle Eastern	A person having origins from western Asia and northeast Africa, including the nations on the Arabian Peninsula, Egypt, Iran, Iraq, Israel, Jordan, Lebanon, Syria, and Turkey.
☐ Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
☐ White	A person having origins in any of the original peoples of Europe