FACULTY COMMITTEE ON HEALTH PROFESSIONS
Academic & Pre-Professional Advising Center
E2360 Melville Library
Stony Brook, NY 11794-3353
Phone: 631-632-7082 Fax: 631-632-6997

CREDENTIALS REQUEST FORM

Please submit this completed form to the Academic & Pre-Professional Advising Center
(10 schools per form, submit additional forms as necessary)

Name: _____ SB ID #: _____

Phone: _____ Email: _____

Please check one:

☐ **Committee Letter, Interview Date: _____/_____/_____** ☐ **No Committee Evaluation**

You must submit your admissions test score in order for your Committee Evaluation to be completed.

Please pay the credentials fee via the Solar System:

- **Select the *HEALTH PROFESSIONS PAYMENT* under *STUDENT FINANCIAL SERVICES***
- **Follow the prompts to pay either the $40 (covers up to ten schools) or $80 (for unlimited schools)**

Please check one:

☐ **$40 fee paid (for up to ten schools)** ☐ **$80 fee paid (for unlimited schools)**

Shaded area for office use only	FULL NAME OF SCHOOL	Use space below to inform us of any special notes regarding each school/program (i.e., deadlines)
	Date Request Completed:	Initials:

Signature: _____ Date: _____

Please print out and SIGN the completed form. **A Credentials Request Form that is not signed is not valid and will not be processed.**