\*For processing purposes, include form with both DICAS application and DI application fee payment

|  |  |
| --- | --- |
| Name: |  |
| Email: |  |
| Phone #: |  |

**Address *any discrepancies* regarding your DICAS application below** (i.e. GPA is lower than our stated requirement; reference submitted from a person other than what we listed)

Place “**x**” in box if no known discrepancies to address: