

REQUEST FOR LETTER

NAME: _____ YEAR: I II III IV (Circle One)

FEMALE: _____ MALE: _____

STUDENT PICK-UP: _____ MAIL OUT: _____ (Check One)

TELEPHONE: _____

Type of Letter:

____ Good Standing Letter

____ Update MSPE Letter (Graduated in 19__/20__)

____ MSPE Letter

____ Letter of Recommendation
(Attach CV or list med-school activities on the back)

____ Acdutra (Military)

____ Jury Letter (Attached notification from court)

____ Other (Specify) _____

*Must have full address (pick-up or mail out)
and if requesting more than one request must fill out a form for each place:*

ADDRESS OF PLACE WHERE THE LETTER IS TO BE SENT:

SIGNATURE: _____ DATE: _____

Transcripts must be requested through the Records and Registration Office.