

Request Form
Medical Student Performance Evaluation
a.k.a. Deans Letter

All requests must be submitted by the **student**.

A \$10.00 fee is required per letter requested. Forms of payment accepted: Cash, Checks or Money Orders. Payable to: UTHSCSA.

After payment is received, MSPE's are processed within 24-48 hours.

Questions regarding the MSPE: call 210- 567-0521

or email <mailto:rendonm@uthscsa.edu>.

Mail your request and payment to:

School of Medicine - Office of Undergraduate Medical Education
UTHSCSA
Attention: MSPE Request
7703 Floyd Curl Dr. - MSC 7985
San Antonio, Texas 78229

Former Student's name: _____

Graduation year: _____

Telephone number: _____

E-mail: _____

Address(es) where letter(s) will be sent. For ERAS, please indicate ERAS below. For ERAS Fellowship, please attach the Document Submission Form, unless you will submit or upload your letter.

Signature: _____ Date: _____