

THE UNIVERSITY OF CHICAGO PRITZKER SCHOOL OF MEDICINE

Donnelly Biological Sciences Learning Center · 924 East 57th Street · Suite 104 · Chicago, IL 60637

Tel: (773) 702-1939 Fax: (773) 834-1920

REQUEST FOR A LETTER

Name: \_\_\_\_\_ Date of request: \_\_\_\_\_

Email: \_\_\_\_\_ Year of Study: \_\_\_\_\_

Date you would like the letter completed: \_\_\_\_\_

(please allow **7-10** days for a standard letter of recommendation. Take this time frame into account when indicating a deadline date. If you are mailing the letter yourself, the date you give us may be earlier than the actual deadline date for receipt of letter.)

Please indicate:

☐ Pick up letter (phone/pager #: \_\_\_\_\_ ) ☐ Fax letter to: \_\_\_\_\_

☐ Mail letter to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check *what type* of letter you are requesting:

☐ **LETTER OF RECOMMENDATION** from \_\_\_\_\_ (see back of this sheet) [DL]

☐ **MSPE/MEDICAL STUDENT PERFORMANCE EVALUATION (Dean's Letter)** [MO or JO]

(Please provide the name or program address to be mailed to—students may not receive copies of the MSPE.)

☐ Letter of **GOOD STANDING** [JO]

☐ **MEDICAL CENTER ID** [CG or JO]

☐ **TEST SCORES:** [LO]

☐ USMLE Step 1

☐ USMLE Step 2ck

☐ USMLE Step 2cs

Please indicate the institution and address where this information should be sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ **JURY DUTY** pardon request (attach summons) [CG or JO]

☐ **AWAY ELECTIVE** (i.e. a letter certifying that you are: a student in good standing; will be paying tuition while participating in the elective; are covered by the University's health insurance plan; have malpractice coverage; and will receive credit for this work) [JO]

☐ **HIPAA VERIFICATION** [JO]

☐ **COMPLETION OF REQUIREMENTS verification letter** (Pending receipt of MD Degree and Graduation) [JO]

For **LETTER OF RECOMMENDATION**, please see reverse side.

**For LETTERS OF RECOMMENDATION:**

**What are you applying for?**

**To whom should the letter be addressed?**

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**Provide any information relevant to this particular request.**

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1. **Attach a CV.**
2. List all honors and awards given subsequent to your AMCAS application.
3. List all research experience subsequent to your AMCAS application.
4. List all publications, abstracts, and presentations.
5. List electives taken in the first/second year of medical school.
6. Describe any summer research performed following your first year in medical school.
7. Describe any patient care activities in which you have been involved.
8. Describe any student activities in which you have been involved.