

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 will be processed.

Questions regarding the MSPE: call 210-567-4427 or email guzmanb@uthscsa.edu.

Mail your request and payment to:

Betty A. Guzman
School of Medicine-Office of the Dean
UTHSCSA
7703 Floyd Curl Dr., MC 7790
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: _____