

US Applicant Request for Letter of Recommendation/Cover Sheet
Please attach this cover sheet to the *front* of your letter of recommendation with a paper clip.

Date: _____

Letter Writer: _____

Applicant Name: _____

AAMC ID: _____

(assigned to D.O. Students once registered in ERAS, July 1)

AOA ID: _____

Thank you for agreeing to write a letter of recommendation in support of my residency application. This cover sheet explains the special procedures needed to prepare a letter for ERAS – the Electronic Residency Application Service.

Instructions for letter writer: Send the original letter of recommendation to my ERAS designated dean's office for transmission to ERAS using the following information:

1. Address the letter to "Dear Program Director"; individualized salutations are not necessary. (I would be happy to provide you a list of programs to which I am applying).
2. Include in your letter whether or not I have waived my right to see this recommendation, as indicated below.
3. Include my name and AAMC ID or AOA ID, as listed above, in the subject line or body of the letter.
4. Sign your name to the letter.
5. Print your letter so that it may be scanned and added to my files.
6. Attach this sheet to your letter before sending it, to help my ERAS designated dean's office identify your letter with my file.
7. My school accepts ERAS letters of recommendation in electronic format. Feel free to contact my ERAS designated dean's office at the contact information below for accepted electronic formats (e.g. PDF).
8. Deliver the letter by using the ERAS Portal (starting July 1) to submit your letter directly to my application. Instructions can be found at:
<https://www.aamc.org/44826/search.html?q=LETTER%20WRITTER%20PORTAL>
9. Or deliver the letter to my ERAS designated dean's Office at the address below:

ERAS Designated Dean's Office Mailing Address

Name:	ERAS	Department:	MSUCOM Office of the Registrar
School:	Michigan State University College of Osteopathic Medicine		
Address:	965 Fee Road, Room C110	Address 2:	_____
City:	East Lansing	ST:	MI
		Zip:	48824-1316
Phone:	(517) 353-7741	Fax:	(517) 432-1976
		E-mail:	OsteoMedReg@hc.msu.edu

Thank you for supporting my residency application.

I waive I do not waive my right to see this letter.

If "waive" is checked, I waive my right to see this letter under the "Family Educational Rights and Privacy Act (FERPA)." I acknowledge that this letter is for the specific purpose of supporting my application for a residency.

Applicant Signature: _____