

To: Office of Student Affairs  
School of Medicine

Date request received \_\_\_\_\_

From: \_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Signature

Request for:  *Enrollment Verification*  
 *Letter of Good Standing*

*Letter of Recommendation*  
(please allow two weeks)

Purpose of letter or special instructions: \_\_\_\_\_

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

Address(es):

Deadline:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_  
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3. \_\_\_\_\_  
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4. \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Office Use Only: Letter sent/done on \_\_\_\_\_