

Ohio University - College of Osteopathic Medicine
REQUEST FOR A DEAN'S LETTER OF RECOMMENDATION
OUCOM Current Student or Graduate

This form is NOT to be used by current graduating students whose Dean's letter is automatically scanned to ERAS.

Please complete form using Excel or print clearly. In order for your requests to be fulfilled accurately, please give complete information.
Incomplete forms will not be processed.

Please allow 30 days for this request to be honored.

Please include a Resume/CV with your post-graduate activities clearly noted.

Return this form to:

Ohio University, College of Osteopathic Medicine
Office of Student Affairs
014 Grosvenor Hall
Athens, OH 45701

Fax: 740-593-2399/Phone: 740-593-2152
Please follow-up to ensure we received your request!

Full Name	Previous name if different	
Street Address	City/State/Zip	
Daytime Phone	Pager	
Year of Graduation		
Signature	Email	Date
List any special instructions here: (You must order transcripts directly from www.ohio.edu/registrar.)		

Are you requesting ONLY your Dean's letter? **Yes** **No**
(Which is accompanied by your clinical rotation summaries.)

Would you like for us to send copies of any of your Board scores? **Yes** **No**
If so, please list below:

NBOME Level 1 **NBOME Level 2** **USMLE Level 1** **USMLE Level 2**

Would you like for us to send copies of any letters of recommendation we have in your file? **Yes** **No**
If so, please list below:

LOR1

LOR2

LOR3

Deadline letter must be RECEIVED by hospital/institution/organization.
(Remember to allow 30 days for us to process this request.)

Date Appointment Begins

Residency **Staff Appointment** **Fellowship** **Residency** **Other (please specify)**

Specialty

Address where to send your documents:

First/Last Name and Title of Recipient (D.O, M.D., Ph.D., etc)

Name of Facility/Institution/Organization

Position/Title of Recipient (Director of Medical Education, etc)

Department Name

Street Address

City/State/ZIP

*Please make copies of this page as necessary for your letter request needs. Page ___ of ___
List requests for all letters of recommendation separately.*