POSTGRADUATE DOCUMENTS REQUEST FORM

Allow 2 to 3 weeks for turnaround time for requests to be processed.

| NAME: | |
| MAILING ADDRESS: | |
| CITY, STATE, ZIP: | |
| DAYTIME TELEPHONE: | |
| FAX: | |
| EMAIL: | |
| BUSM YEAR OF GRADUATION: | |

DOCUMENTS REQUESTED:
- [ ] Dean’s Letter
- [ ] Letter of Explanation (only if taken more than 4 years to graduate)
- [ ] Dean’s Letter (student copy)
- [ ] Letter of Explanation (student copy)

Is the letter of explanation for a medical board for medical license?
- [ ] No
- [ ] Yes If so, for what state? ______________________________

# OF COPIES OF EACH DOCUMENT:

PROGRAM NAME: ___________________________
PROGRAM CONTACT PERSON: ___________________
PROGRAM ADDRESS: ___________________________
PROGRAM PHONE: ___________________________
PROGRAM FAX: ___________________________
SIGNATURE: ___________________________
DATE: ___________________________

- If applying to ERAS Fellowship programs, please include the “Document Submission Form” with your request.
- If using the EFDO MIDUS for the Dean’s Letter: please give the EFDO the following e-mail: jmompoin@bu.edu.
- If you are applying to multiple non-ERAS Fellowship programs, please mail pre-printed labels along with this form. It will help expedite your request.
- All requests must be dated and signed.
- We cannot accept e-mail requests or electronic signature. You may scan and email this form with actual signature

Completed forms can be faxed or mailed to:
Boston University School of Medicine
Office of Student Affairs
Attn: Jennifer Mompoint
72 E. Concord Street, A-209
Boston, MA 02118
Fax: 617-638-4491

Have Questions? Please contact Jennifer Mompoint at 617-638-4197 or via email at jmompoin@bu.edu.
Please include “Postgrad Request” in the subject line.