

## MAMS Program Letter Update Form

2013

DUE: As soon as possible.

Please submit this form via email to [mams@bu.edu](mailto:mams@bu.edu). Handwritten forms will not be accepted.

PLEASE NOTE: This form does not authorize the release of you Program Letter Packet to AMCAS, AACOMAS, or other medical/dental schools. To request the release of your letters, please complete the Transmission Form(s).

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Name: \_\_\_\_\_ BU ID#: \_\_\_\_\_

BU Email Address: \_\_\_\_\_ Current Telephone #: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

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Please select the type of school you are applying to and provide all required ID numbers:

**MD Medical Schools**

AMCAS ID#: \_\_\_\_\_

AMCAS Letter Request ID#: \_\_\_\_\_

**DO Medical Schools**

AACOMAS ID#: \_\_\_\_\_

**Texas Medical Schools**

TMDSAS ID#: \_\_\_\_\_

**Dental Schools**

AADSAS ID#: \_\_\_\_\_

When do you expect to complete all M.A. Medical Sciences or combined degree requirements (including submission of your final thesis project)? If you have completed all requirements and already graduated, please write your graduation date.

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**THESIS INFORMATION:**

Library Thesis:

Laboratory Thesis:

Title of Thesis: \_\_\_\_\_

Name/Title of 1<sup>st</sup> Reader: \_\_\_\_\_

Name/Title of 2<sup>nd</sup> Reader: \_\_\_\_\_

Institution of 2<sup>nd</sup> Reader: \_\_\_\_\_

Please describe your thesis project in a short paragraph in layman's terms:

If applicable, please list any other additional information that you would like included in your Program letter.