MAMS Program Letter Update Form

2015

DUE: As soon as possible.

Please submit this form via email to 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/professional schools. To request the release of your letters, please complete the Transmission Form(s).

Name: _____ **BU ID#:** _____

BU Email Address: _____ **Current Telephone #:** _____

Current Mailing Address: _____

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#: _____

When do you expect to complete all M.S. in 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.

_____

THESIS INFORMATION:

Library Thesis: ◯ **Laboratory Thesis:** ◯

Title of Thesis: _____

Name/Title of 1st Reader: _____

Name/Title of 2nd Reader: _____

Institution of 2nd 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.