



Medical School Transmission Form

Completed forms should be submitted via email to mams@bu.edu

Student Information				
First Name	Last Name	MI	BUID #	Email Address

By checking this box, I am **waiving my right** to access the indicated letters.

Indicate the individual letters you wish to have included in your committee letter. Re-applicants: indicate whether you have requested updated letters. For example: Toth (new letter requested); Garcia-Diaz (use letter on file)	
Program Letter	Gwynneth Offner, PhD
Advisor Letter (Name)	
GMS Faculty Letter (Name)	
Optional Non-GMS Letters (Names)	

Please complete the following (if applicable). If applying through AACOMAS, please be sure to request a letter directly using “Gwynneth Offner” and mams@bu.edu as the contact information. We will upload your committee letter once it is ready.	
AMCAS ID #	
AMCAS Letter ID #	
AACOMAS ID #	
TMSAS ID #	

When do you expect to complete all MS 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 or area of investigation:	
Mentor’s Name, Title, & Affiliation (if known)	



Boston University School of Medicine
MS in Medical Sciences

Using layman's terms, please describe your thesis project in a short paragraph.

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If applicable, please list any other information (not included in your Biosketch) that you would like included in your program letter.

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AUTHORIZATION: My typed name acts as a signature and authorizes the Division of Graduate Medical Sciences to provide the above indicated materials to the designated schools.

Signature:

Date:

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