# **OHS LETTER REQUEST FORM**

Due: June 15<sup>th</sup>

#### This Letter Request Form must be submitted to Dr. Theresa Davies via email (tdavies@bu.edu).

Name:	BU ID#:
BU Email:	Alternative Email:
Current Telephone #:	
Current Mailing Address:	
AADSAS ID#:	

### Letter Information

1. If applicable, please list and explain any incomplete course work or deficient grades, as well as your plans to make-up the work.

- 2. Will you take any additional courses during the upcoming academic year?
- 3. When do you expect to complete the OHS program (including your capstone / thesis) Date:
- Thesis/Capstone INFORMATION: Please provide the following information. If a thesis topic has not yet been identified, please provide the general topic and/or field of interest.
  Thesis
  Capstone

Thesis / Capstone Title (tentative):

Name of First Reader: Title of First Reader: Readers are only needed if doing a thesis

## Only needed for a thesis

- 5. Please attach a copy of your personal statement (if you haven't already sent it to Dr. Davies).
- 6. Please attach a copy of your resume or CV.
- 7. Please add any other additional information you would like included in your OHS Advisor Letter.

### **Transmission Request**

Check the appropriate box(es) for the letters to be sent to AADSAS on your behalf:

Dr. Davies letter

Other Recommendation letters (please list last name of each recommender you want included in your packet).\*

\*All letters submitted on your behalf must be accompanied by the GMS waiver form.

### AUTHORIZATION:

My signature authorizes the Division of Graduate Medical Sciences to provide the above indicated materials to AADSAS. (This must be a signature not typed)

Name (Print)

Signature

Date