



## OHS LETTER REQUEST FORM

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

This Letter Request Form must be submitted to the OHS leadership via email ([ohsdocs@bu.edu](mailto:ohsdocs@bu.edu)).

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

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### 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: \_\_\_\_\_

4. 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

Name of Second Reader: \_\_\_\_\_

Title of Second Reader: \_\_\_\_\_

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.

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### **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)**

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Name (Print)	Signature	Date
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