

OHS LETTER REQUEST FORM

Due: June 15th

This Letter Request Form must be submitted to Dr. ohs leadership via email (ohsdocs@bu.edu) .

Name: _____ BU ID#: _____

BU Email: _____ Alternative Email: _____

Current Telephone #: _____

Current Mailing Address: _____

AADSAS ID#: _____

Advisor 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 submission of your thesis)?

Date: _____

4. THESIS 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.

Research-based Thesis

Literature-based Thesis

Thesis Title (tentative):

Name of First Reader: _____

Title of First Reader: _____

Name of Second Reader: _____

Title of Second Reader: _____

Institution of Second Reader: _____

5. Please attach a copy of your personal statement.
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:

Advisor Letter

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

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

AUTHORIZATION:

My signature authorizes Oral Health Sciences Sciences to provide the above indicated materials to AADSAS (or any other professional scchool).

Name (Print)

Signature

Date