



**2018 Cycle – Off-Shore and International Medical School  
Request for Committee or Cover Letter Packet Submission**

I, \_\_\_\_\_ (**print name**), request and authorize the Office of Pre-Health Advising and Mentoring to send my committee or cover letter packet to the specific schools designated below.

Mobile Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

C #: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please complete the information below for each off-shore or international medical school that you have applied to and for which you are requesting your packet be submitted.**

1. **School Name:** \_\_\_\_\_

Preferred method of submission (provide email address OR mailing address):

\_\_\_\_\_  
\_\_\_\_\_

2. **School Name:** \_\_\_\_\_

Preferred method of submission (provide email address OR mailing address):

\_\_\_\_\_  
\_\_\_\_\_

3. **School Name:** \_\_\_\_\_

Preferred method of submission (provide email address OR mailing address):

\_\_\_\_\_  
\_\_\_\_\_

4. **School Name:** \_\_\_\_\_

Preferred method of submission (provide email address OR mailing address):

\_\_\_\_\_  
\_\_\_\_\_

5. **School Name:** \_\_\_\_\_

Preferred method of submission (provide email address OR mailing address):

\_\_\_\_\_

**NOTE:** Ponce Health Sciences University School of Medicine, San Juan Bautista School of Medicine, Universidad Central del Caribe School of Medicine, and University of Puerto Rico School of Medicine utilize AMCAS so letter packets are submitted via the AMCAS Letter Writer Application.