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.