

Submission Form for Letter of Reference Packet

Pre-Professional Advising Center - University Pavilion Suite 200 - PreProAdv@uc.edu - www.uc.edu/PreProAdvising

Instructions

- This form is for processing a letter of reference packet for medical school applicants: MD schools (AMCAS), DO schools (AACOMAS), Texas (TMDAS), Podiatry (AACPMAS) or Caribbean/International medical schools (each school).
- Please understand the letter of reference process for the schools you are applying to before submitting.
- **This form may only be submitted when all letters of reference have been received by the PPAC.**
- Type or Print clearly, as packets cannot be uploaded if names and ID numbers are not legible.
- Submit this form as an attachment to the [PPAC front desk \(preproadv@uc.edu\)](mailto:preproadv@uc.edu), though **your UC email account**.

Name _____ M# _____ Email _____
Signature _____ Date _____ Phone _____

*** Please type in order below, the letters you wish to be included in the letter packet:**

1.	4.
2.	5.
3.	6.

*** Please complete information on the application services below who will receive your letter of reference packet:**

➤ MD schools

- **AMCAS ID#** _____ **AMCAS Letter Packet#** _____
- Within AMCAS application choose **Add Letter**, then select **Letter Packet** and include the following:
 - Letter Writer Name: **Susan Roth, Pre-Professional Advising Center**
 - E-Mail: **susan.roth@uc.edu** (use this e-mail exactly!)
 - Address: **2618 University Circle, University Pavilion (Suite 200) Cincinnati, OH 45221-0202**
 - You do not need to list any other letter writer names in this section

➤ DO schools and other medical schools:

- **AACOMAS ID#** _____ **or other (highlight which) TMDAS/ AACPMAS ID#** _____
- Within AACOMAS (or other) Choose **Individual Letter Writer** (UC does not offer committee), include the following:
 - Individual Letter Writer Name: **Susan Roth, Director of Pre-Professional Advising**
 - E-Mail: **susan.roth@uc.edu** (use this e-mail exactly!)
 - Address: **2618 University Circle, University Pavilion (Suite 200) Cincinnati, OH 45221-0202**
 - Notes section: **LETTER PACKET from Pre-Professional Advising Center** (date request is optional, not enforced.)

- **Caribbean /other International MD medical schools (or Postbac programs)** utilize a separate process, and the schools you are applying to must be listed individually in order to upload/send the letter packet.

School Name	E-mail address