

School Designation Form

(For sending packets to schools NOT using the AMCAS Letter Service.)

This form enables MIT students and alumni to request the release of their letters of recommendation to medical/dental/other health-related professions schools NOT using the AMCAS letter service. Please submit this form by mail or fax (617-253-8457).

I hereby request that the Career Development Center release my letters of recommendation as indicated on the Recommender Designation Form to the following medical and/or other health professional schools. **I understand that letters are sent electronically or via FedEx within 3 business days of receipt of this form. (and payment if applicable)**

Name (please print) _____

Signature _____ Date _____

AAMC ID #: _____ AMCAS Letter ID #: _____

Phone _____ Email _____

Method of Payment: Check _____ Credit Card _____

Fees: There is a \$60.00 credential service fee and an additional \$6 fee for each packet sent via FedEx to schools not using an electronic letter service. Payment can be made by check or online by credit card. <https://shopmit.mit.edu/career/www/shop/premed.html>

Joint Degree & Other Health Professions applicants: Be sure to list separately ALL offices at the designated schools that require a letter packet (i.e., some MSTP programs require packets at both the MD & MSTP office), and provide addresses for all offices **other** than the MD admissions office.

- _____ Albany Medical College
- _____ Duke University School of Medicine
- _____ LSU School of Medicine in New Orleans
- _____ Oregon Health and Science University
- _____ University of Puerto Rico School of Medicine
- _____ Stanford University School of Medicine
- _____ University of Utah School of Medicine
- _____ Washington University School of Medicine
- _____ Warren Alpert Medical School of Brown University
- _____ LSU School of Medicine-Shreveport
- _____ Uniformed Services University of the Health Sciences
- _____ University of California - Berkeley/SF
- _____ UCR/UCLA Thomas Haider Program Biomedical Sciences
- _____ Ponce School of Medicine
- _____ Texas Medical & Dental Schools Application Service (TMDSAS)

*Schools NOT listed to left are likely to need a FedEx mailing, incurring a \$6 fee. For schools not listed, please provide the name and address for which you would like your packet to be sent by FedEx.

