



MIT Careers Office
 Building 12-170
 77 Massachusetts Avenue
 Cambridge, MA 02139-4307

Phone (617) 253-4733
 Fax (617) 253-8457
 Web address:
<http://web.mit.edu/career/www/>

MIT CAREERS OFFICE

School Designation Form

This form enables MIT students and alumni to request release of their letters of reference to medical/dental/other health-related professions school admissions committees. This form must be completed in order for the Careers Office to comply with such requests. If you wish, you may fax this form to us at: 617-253-8457.

I hereby request that the MIT Careers Office 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 DHL within 3 business days of receipt of this form.**

Name (please print) _____ Signature _____

AAMC ID #: _____ Date _____

Phone number _____ Email _____

Method of Payment Check _____ Credit Card _____

PAYMENT: The \$60.00 processing fee includes the first 15 packets sent. There is an additional \$6 fee for each packet mailed thereafter. 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.

- | | |
|----------|-----------|
| 1) _____ | 8) _____ |
| 2) _____ | 9) _____ |
| 3) _____ | 10) _____ |
| 4) _____ | 11) _____ |
| 5) _____ | 12) _____ |
| 6) _____ | 13) _____ |
| 7) _____ | 14) _____ |
| | 15) _____ |

PLEASE NOTE: The Careers Office will NOT release your letters unless your file is complete and your payment is received. Refer to the File Checklist for a list of items required. If these items are not in your file, your request will not be honored and you will need to resubmit this form.