



WEST VIRGINIA SCHOOL OF OSTEOPATHIC MEDICINE
OFFICE OF THE ACADEMIC DEAN
400 NORTH LEE STREET
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REQUEST FOR DEAN'S LETTER OF EVALUATION

- First five (5) letters ever requested are FREE, \$3.00 processing fee for each additional letter
- Make checks payable to WVSOM
- A Curriculum Vitae must be attached. Failure to do so may delay your request.
- Letters are usually mailed within 7-10 working days after request is received

Full Name

Street Address

City, State, Zip

Phone

Email

Year of Graduation

SSN

Evaluation letter requested is for:

Internship

Residency

Specialty (will be referenced, if included):

CURRICULUM VITAE IS ATTACHED

Amount Enclosed \$

Signature: _____

Please send a copy to me at the address above (this will be added to your total letter count)

Request for ERAS, please send to Joyce Martin, Graduate Medical Education

Request for independent programs, please send to addresses noted below:

Name

Department

Institution

Address

City, State, Zip

Name

Department

Institution

Address

City, State, Zip