

REQUEST FORM FOR POSTGRADUATE LETTER/MSPE

1. **NAME:** Surname.....Middle.....First.....

2. **YEAR ENTERED..... CLASS OF..... GRADUATED..... SEX**

3. **PURPOSE OF DEAN'S LETTER:**

- Residency in**
- Licence to practice**
- Verification of language of instruction**
- Verification of internship**
- Other _____**

4. **MSPE (Do not complete questions 5-7), Indicate on reverse the side any**

- **leadership position(s) held while in medical school or elsewhere**
- **extra curricular activities or**
- **research participated in.**

5. **Completed Internship? Yes No**

Hospital(s)_____Period?

6. **Areas covered during internship?**

Surgery Medicine Paediatrics Orthopaedics

Plastic Surgery A&E O&G Dermatology ENT

Others _____

7. **Are you registered with the Jamaica Medical Council? Yes No**

8. **To whom should it be addressed?**

To Whom it May Concern

Others _____

Requested by _____ Date Requested _____ Date to be collected _____

Contact # _____ Fax # _____ E-mail address _____

NB. Adminstrative charge of \$1000.00 per copy

REQUEST FORM FOR UNDERGRADUATE LETTER

1. **NAME: Surname.....Middle.....**
.....First.....

2. **ID #YEAR ENTERED.....CLASS OF.....**

3. **PURPOSE OF LETTER: Progress Status Other**

4. **To whom should it be addressed**

To Whom it May Concern

Others _____

Requested by _____ **Date Requested** _____ **Date to be collected** _____

Contact # _____ **Fax #** _____

E-mail address _____

NB. Adminstrative charge of \$100.00 per copy

Paid