

MEDICAL STUDENT PERFORMANCE EVALUATION REQUEST FORM

Medical Student Performance Evaluations (MSPE), previously known as the “Dean’s Letter” for New York Institute of Technology College of Osteopathic Medicine conforms to the guidelines established by the AAMC’s (Association of American Medical College’s) Dean’s Letter Advisory Committee, 2002.

It is the policy of the Office of Student Administrative Services that MSPE’s cannot be mailed or emailed directly to you, nor can you get a copy; MSPE’s need to be sent directly to the hospital or institution where you are applying for position. However, you can view your MSPE prior to submission by scheduling an appointment with Marie by email or phone at: (516) 686-3983. Marie is located in Serota Building / NYCOM III, Room 221.

Instructions: From your home computer, open the form, then click “Save As,” and save the document to your local drive. Complete the form, save it, and attach the form in an email addressed to Marie Aldridge at maldridg@nyit.edu or Danielle Abbatiello at dabbat02@nyit.edu.

If you would like us to update your original MSPE, please submit a current copy of your CV along with any verifying information such as PDF’s of recent publications or poster presentations. Please highlight the key points you’d like for us to emphasize on your updated MSPE. **Keep in mind, updating your MSPE requires advanced notice of the due date. Please allow 5 business days for your MSPE to be processed and sent out on your behalf.**

Also, if you need to have a transcript sent **in addition to your MSPE**, fill out and submit the Transcript Request Form located on the Alumni page under Documents & Forms at: http://www.nyit.edu/medicine/alumni/documents_forms/
Please allow 5 business days for your transcript to be processed and sent out on your behalf.

***For those of you applying to the ERAS Fellowships Documents Office (EFDO), in addition to submitting your current CV, you must also (electronically) submit to Marie, a copy of the EFDO Document Submission Form, which contains your Association of American Medical Colleges (AAMC) ID number. Information relating to the EFDO program can be obtained at: <https://www.erasfellowshipdocuments.org/index.asp>

Your Contact Information:				
FName: "[Click here]"		MidName: "[Click here]"		LName: "[Click here]"
Mailing Address: "[Click here]"				
City / State / Zip: "[Click here]"				
Personal email address: "[Click here]"			Today’s Date: "[Click here]"	
If known, 6 Digit Student ID#: "[Click here]"		Gender (M or F): "[Click here]"	Home Phone: "[Click here]"	Cell Phone: "[Click here]"
Your Current Status: "[Click to enter Student, Intern, Resident, Fellow]"		Grad Month: "[Click here]"	Grad Year: "[Click here]"	Specialty: "[Click here]"
Total # of Letters Requested: "[Click here]"				
Are you applying through ERAS? (Yes or No): "[Click here]"		Are you in the military? (Yes or No): "[Click here]"		If yes, what branch and what rank? "[Click here]"
Current Hospital / Program: "[Click here]"				
Hospital’s Address: "[Click here]"				
Hospital’s City / State / Zip: "[Click here]"				

