

**DIVISION OF GRADUATE MEDICAL SCIENCES
BOSTON UNIVERSITY SCHOOL OF MEDICINE**

TRANSMISSION REQUEST TO DENTAL SCHOOLS

Check the appropriate boxes for the type of material being sent on your behalf.

Dean's/Advisor's Letter

Letters of Recommendation

List recommenders' last names: _____

NOTE: PLEASE BE SURE TO CHECK WITH STAFF IN L-315 TO CONFIRM THAT ALL OF YOUR LETTERS HAVE BEEN RECEIVED. YOU ARE RESPONSIBLE FOR MAKING SURE YOUR FILE IS COMPLETE. INCOMPLETE FILES WILL NOT BE SENT OUT.

On the form below, please list the schools to which you wish to have your material sent and check the TMDSAS box if it applies to a particular school. In addition, attach a typed mailing label for the appropriate schools (the address to each school to which you are applying should be typed on that label). Provide the deadline (date) by which your Dean's/Advisor's Letter/Letters of Recommendation must be received, not the deadline by which your secondary application is due.

MATERIAL WILL BE SENT TO THE FOLLOWING PLACES:

SCHOOLS	DEADLINE	TMDSAS
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

REMINDER: ENCLOSE A TYPED MAILING LABEL AND STAMPS FOR THE SCHOOLS NOT PARTICIPATING IN VIRTUALEVALS.

AUTHORIZATION: I AUTHORIZE THE DIVISION OF GRADUATE MEDICAL SCIENCES TO PROVIDE THE APPROPRIATE MATERIAL TO THE ABOVE SCHOOLS.

Signature _____

Name _____

BU ID # _____

AADSAS ID # _____

TMDSAS ID # _____

Telephone _____

Email _____

Date _____

BE SURE THAT YOU HAVE SIGNED THIS FORM.