

## REQUEST FOR A LETTER OF SUPPORT

If you need a letter of support from the Associate Dean of Student or Curricular Affairs, or the Director of the Physician-Scientist Education & Training Program, please complete this form and provide all necessary information. If a form is required by the institution, be certain to provide a copy of the form. **You must request your letter at least THREE weeks in advance for research letters and TWO weeks in advance for all other letters.**

1. If you are requesting a Letter of **Good Standing** for any reason, including a request to do an **off campus elective**, complete Section 1 only. If you are requesting the letter for an off campus elective, you must also complete the *Application for Extramural Course or Clerkship*. This form must **first** be signed by the corresponding department at UCSF and then by Maureen Mitchell.
2. If you are requesting a **Letter of Support from the Associate Dean of Student Affairs** for a scholarship, a training opportunity, or other reasons (not including research opportunities), please complete Sections 1 and 2. *Attach a current resume, a copy of the application form, and any other helpful supporting materials.*
3. If you are requesting a **Letter of Support for research from the Director of the Physician-Scientist Education & Training Program**, complete all 3 sections of this form.

**Section 1:** To be completed by **ALL**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Year: \_\_\_\_\_

Phone number: \_\_\_\_\_ Pager: \_\_\_\_\_

To whose attention should the letter be addressed?: \_\_\_\_\_

Full mailing address: \_\_\_\_\_

Deadline by which the letter should be received: \_\_\_\_\_

Special rules (multiple copies, signature across the envelope seal, etc.): \_\_\_\_\_

Purpose of the letter (Good Standing, Scholarship, Research, etc.): \_\_\_\_\_

Check One:     I would like to pick up the letter and mail it myself.

I would like the office to mail the letter for me.

**Section 2:** To be completed by everyone **except** those requesting a letter of good standing or letter for externship.

Please include any specific information you would like to see reflected in this letter (personal traits or experience):

---

---

---

---

---

---

---

**Section 3:** To be completed by everyone requesting a letter of support for research.

If you are applying for a research fellowship and the application requires a letter of support, the letter will be written by the Director of the Physician-Scientist Education & Training Programs. If the fellowship application includes a form to be filled out by the Director, be sure to read the form in its entirety and provide all of the information requested before giving the form to the Dean's Office. We will enclose the form with the letter of support.

Name of faculty sponsor for proposed project: \_\_\_\_\_

Sponsor's institution: \_\_\_\_\_

Using additional pages, please provide as much of the following information as is relevant. (We can write a much more effective letter if we have lots of information.)

- Summary of proposed project. Please describe both the question to be addressed and the general methods to be used. If you have written a research proposal for your fellowship application, please submit it with this form (even if it is a rough draft).
- Current resume that includes undergraduate honors.
- Summary of previous research experience. For each of your previous research projects we need to know:
  - ✓ when it took place (for example, full time for two months in the summer following your first year of medical school),
  - ✓ where it took place (what institution and what department),
  - ✓ the name and terminal degree (Ph.D. or M.D.) of the faculty sponsor of the project,
  - ✓ the question your research addressed,
  - ✓ the general methods that you used,
  - ✓ what results you obtained, and
  - ✓ what publications, if any, resulted from this work.

**OFFICE USE ONLY:**

Pick-up:

Mailed:

Return this form to the Office of Student Affairs (S-245) or Curricular Affairs (S-221).