



# MSPE/ Dean's Letter Request Form

## Student Data

Student Name: \_\_\_\_\_  
*Last* \_\_\_\_\_ *First* \_\_\_\_\_ *Mi* \_\_\_\_\_

AAMC ID: \_\_\_\_\_  
*Student E-Mail* \_\_\_\_\_ *Student Phone Number* \_\_\_\_\_

Student Address: \_\_\_\_\_  
*Street* \_\_\_\_\_ *City* \_\_\_\_\_ *State / Zip* \_\_\_\_\_

Number of Copies Requesting       Alumnus       Current Student       Former Student

Please send my MSPE to :

**MSPE Eligibility:** Student must have passed Step 1. The student must be a senior (final year) Medical student in good academic and financial standing. Student has at least completed 48 weeks of clinical rotations (including ALL CORES) with Xavier University School of Medicine Aruba. Student file must be complete and all financial obligations met.

**MSPE Supporting Documents Required:** These documents have to be submitted with the request to the Asst. Registrar E: registrar@xusom.com or Fax: 516-333-8151

1. Personal statement detailing academic and professional achievements since high school graduation.
2. A current copy of CV or resume.
3. Transfer students: Reason(s) for transfer to Xavier University School of Medicine Aruba.

**Please allow 4-8 weeks from the date of the request.**

\_\_\_\_\_  
*Student Signature* (REQUIRED) *Date*

## For Registrar Use Only

Status of Request

ACCEPTED       DECLINED

\_\_\_\_\_  
Reason for Decline      Asst. Registrar's Signature      Date