

Student Request Form

UIC College of Medicine students can request documents through this Student Request Form. Some documents may require you to submit additional paperwork to complete your request. Fill in the form below, attach the form along with any supporting documents, and send via email or drop off in person to the respective office. Requests for letters may take 5 business days to complete upon receipt.

First Name:	Last Name:	UIN:
Phone #:	Email:	Graduation Class:
The following letters are requested through the Office of Student Affairs		
1853 West Polk Street, 112 CMW		
Phone: (312) 996-2450		
Email the form to COM-OSAChicago@u	uic.edu	
☐ Academic Good Standing Letter signed by OSA Dean – Completion of the contact information box below is required.		
Letter of Recommendation - Comple	a copy of the jury summons to your a etion of the contact information box be nmendation Template along with this	elow is required. Also, please submit
The following letters are requested through the Registrar's Office		
1853 West Polk Street, 105 CMW Phone: (312) 996-8228 medsched@listserv.uic.edu		
 Completion of Externship Application – Submit a copy of the externship application along with this form. Deferment Form – Submit the student loans deferment form (if applicable) along with this form. Malpractice and/or Health Insurance Coverage Good Standing Letter signed by the Registrar - Completion of the contact information box below is required. Request a hard copy of student immunization records on file for Non-Castlebranch users. (Dates of immunization records are available through APEX.) 		
Contact Information Box: Include the name, title, address, phone in Please also copy the link to the application		