

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:
-	equested through the Office of S	Student Affairs
1853 West Polk Street, 112 C	MW	
Phone: (312) 996-2450		
Email the form to COM-OSAC	Chicago@uic.edu	
Academic Good Standing required.	Letter signed by OSA Dean – Com	pletion of the contact information box below is
Letter of Recommendation		ons to your advisor along with this form. ation box below is required. Also, please submit ng with this form.
The following letters are re	equested through the Registrar's	s Office
1853 West Polk Street, 105 C Phone: (312) 996-8228 COM-Registrar@uic.edu	MW	
Loan Deferment Form – St	ubmit the student loans deferment f	form (if applicable) along with this form.
	nsurance Coverage Good Standing formation box below is required.	g Letter signed by the Registrar -
		etc. for whom the letter should be addressed to.
Please also copy the link to th	e application for our reference. Let	tters cannot be generally addressed.