This form serves as your formal request to the University of Oklahoma College of Medicine to draft a "Medical Student Performance Evaluation" on your behalf. Personal information and information regarding your tenure and academic performance during medical school will be included in this document, and forwarded to the residency programs that you identify. The College of Medicine has final authority over the content of the letter.

Default Question Block

First Name: 

Middle Name: 

Last Name: 

Name as you wish to be referred within the letter: 

Phone Number: 

IN RANKING ORDER, please indicate the field(s) of medicine you are currently considering:
Are you seeking a couple's match?

Yes

No

Please provide the following about your intended couple's match:

Who are you seeking a couple's match with? 

Where is this person attending medical school at?

Are you seeking a military match?

Yes

No

Which branch of the military?

Army

Navy

Air Force

The MSPE letter will state that passing USMLE Step-1 is required, and that students must take Step-2 prior to graduation. Please provide us with the scores you have. If you do not have a score yet, you may answer with the date you are scheduled to take the exam, or simply answer "Not scheduled".

Step-1

Step-2 CS

Step-2 CK
Please list undergrad degree earned:

Type
Discipline
Year
Institution/Location
Honors/Distinction

Please list other previous degrees earned (if applicable):

Type
Discipline
Year
Institution/Location
Honors/Distinction

Do you have additional degrees to be listed?
Yes
No

Please list additional degrees to be listed:

Type
Discipline
Year
Institution/Location
Honors/Distinction

Please provide information regarding your education prior to medical school that you think might be useful:
If you have any research experience, please describe the nature of your project(s), dates of participation, mentor(s), and title(s) of publication(s) or presentation(s):

Please describe any honors you have received while in medical school:

Please indicate your membership(s)/participation with medical school student organizations (list any offices held):

Please describe extracurricular or community service activities:
Please describe any other personal attributes or accomplishments you would like to have considered for inclusion in your letter:

(OPTIONAL) Please provide the following:

Information about your family:

Marital Status:

Spouse’s Name:

Spouse’s Occupation:

Names and ages of children:
Please check all dates that you are available to meet with Dr. Davison regarding your Dean's Letter.

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