

USMG Request for Letter of Recommendation/Cover Sheet

Please attach this cover sheet to the *front* of your letter of recommendation with a paper clip.

Date: _____

Letter Writer: _____

Applicant Name: _____

AAMC ID: _____

Thank you for agreeing to write a letter of recommendation in support of my residency application. This cover sheet explains the special procedures needed to prepare a letter for ERAS—the Electronic Residency Application Service.

Instructions for letter writer: Send the original letter of recommendation to my ERAS designated dean's office for transmission to ERAS using the following information:

1. Address the letter to "Dear Program Director"; individualized salutations are not necessary. (I would be happy to provide you a list of programs to which I am applying).
2. Include in your letter whether or not I have waived my right to see this recommendation, as indicated below.
3. Include my name and AAMC ID as listed above, in the subject line or body of the letter.
4. Print your letter so that it may be scanned and added to my files.
5. Attach this sheet to your letter before sending it, to help my ERAS designated dean's office identify your letter with my file.
6. Some schools may accept ERAS letters of recommendation in electronic format. Feel free to contact my ERAS designated dean's office at the contact information below for accepted electronic formats (e.g. PDF).+
7. Send the letter to my ERAS designated dean's office at the address below.

Thank you for supporting my residency application.

I waive I do not waive my right to see this letter.

If "waive" is checked, I waive my right to see this letter under the "Family Educational Rights and Privacy Act (FERPA)." I acknowledge that this letter is for the specific purpose of supporting my application for a residency.

Applicant Signature: _____

ERAS Designated Dean's Office Mailing Address

Name:	ERAS Coordinator	Department:	Office of Student Affairs
School:	UNC at Chapel Hill School of Medicine		
Address:	1001 Bondurant Hall	Address 2:	CB# 9535
City:	Chapel Hill	ST:	NC
		Zip:	27599
Phone:	919-962-6112	+E-mail:	ERAS@med.unc.edu

+ Verify if electronic format (PDF or Word document) is accepted by your school