

MSPE/Dean's Letter Request Form

Kansas City University of Medicine and Biosciences
Office of Placement Coordinator
1750 Independence Avenue
Kansas City, MO 64106-1453
Phone: (816) 283-2479 or x2412
Fax: (816) 283-2307
Email: mspe@kcumb.edu

Date: _____ S.S.#: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____
Anticipated Graduation Year/Graduation Year: _____

The following is routinely included in the MSPE/Dean's Letter:

- NBOME COMLEX – Part I score
- NBOME COMLEX – Part II score
- Current G.P.A.
- Current Class Rank
- Honors or High Honors on NBME End of Year Exam

Check here if you have taken the USMLE exam(s) and desire to have the scores included in the MSPE/Dean's Letter.
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Send to the following address:

Attention: The first fifteen (15) MSPE/Dean's Letters are provided free. Thereafter, each letter will be \$5. Checks should be made payable to KCUMB and accompany the request forms.

Application Deadline Date (mm/dd/yyyy): _____
Attention: _____
Program Director: _____
Department: _____
Medical Institution: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Your Signature: _____ Date: _____

***Print, sign and send to the Office of Placement Coordinator.**