



Mailing Form

APPLICANT NAME: _____ **BANNER ID:** _____

IMPORTANT: Please check the application service you will be using:

- AMCAS**
 TMDSAS
 AACOMAS
 AADSAS
 OPTOMCAS
 OTHER

If other, please specify: _____

This form is due (signed and submitted to Health Careers Advising, Hemisphere Building, 167 Angell Street or to hco@brown.edu) with your processed primary application.

Please list any schools to which you are applying that does not use your application system's letter of recommendation service (several M.D., D.O., foreign or dental programs).

If you are applying to some schools only as an MD candidate and to other schools as an MD/PhD candidate, please specify the schools to which you will apply as an MD/PhD candidate.

An administrative fee of \$50.00 must be paid prior to the posting/ mailing of your letters.

- Check here if you would like to pay by check (make payable to Brown University)
 Check here if you are a currently enrolled undergraduate at Brown University and would like to charge your student account

I hereby authorize and request Health Careers Advising to send my pre-health/pre-medical letters of recommendation to the specified programs using the application service(s) indicated on this form.

_____ Signature	_____ Date
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