



Office of Student Affairs  
 College of Medicine  
 University of South Florida  
 Phone: (813) 974-0268

12901 Bruce B. Downs Blvd MDC 4  
 Tampa, FL 33612  
 Email: wmitchel@health.usf.edu  
 Fax: (813) 974-8181

**Medical Student Performance Evaluation (MSPE)/Dean's Letter Request**

For a MSPE/Dean's Letter to be issued, you **MUST HAVE SATISFIED ALL FINANCIAL OBLIGATIONS** to the university. The MSPE/Dean's Letter cannot be sent to the student, but must go directly to the fellowship or Residency Program. If you need this for ERAS for Fellowships, complete their process via MIDUS, and write ERAS for Fellowships/MIDUS in the "send to" field.

**Student ID Number**

**Last Name**

**Date of Birth**

**First Name**

**M.I.**

**Year of Graduation**

**Did not graduate**

**Current Address**

**City**

**State**

**Zip Code**

**Daytime Contact Phone Number**

**Signature**

**Date**

Send to:

  
  
  



City

State

Zip Code

**Return completed form to MDC 1002, mail to the above address, or fax to (813)974-8181.**

*If you would like confirmation that this request was processed, please indicate your e-mail address below.*

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