

Postgraduate Request Form

This Form is only for CUNY School of Medicine graduates to request the Medical Student Performance Evaluation letter (MSPE). By completing this form, you authorize The Registrar's Office to release your student information to the designated party.

- Name at time of Graduation
 - _____ First _____ Last
- EMPLID

- Year of Graduation

- Phone

- Email

- Type of Documentation Needed*
 - MSPE/Dean's Letter
- Delivery Method*
 - Regular Mail
 - Email
- Where would You Like The Requested Documents Sent?
Please note that the MSPE letter cannot be released directly to students

Please provide name, address, contact information for where the documents will be sent. Include email address if applicable.

- Deadline for Documents
_____ Date Format: MM/DD/YYYY
- Signature _____
- Date _____

****Please note – the usual turnaround time for the MSPE request is 5-7 business days. However, we strongly recommend submitting your request with enough processing time to meet any required deadline.***