

Good Student Letter – Request Form

Date: _____

PRINT NAME: _____

Please provide a letter stating I am a student in good standing at Loyola University Chicago Stritch School of Medicine.

Addressed to: _____

Preferred Pronouns to be used in the letter (select one):
__she/her __he/him __they/them Other: _____

Send letter to:

Email to:

Student will pick up

Date: _____

Student's Signature

Grade Level: _____

Graduation Date: _____