**DENTAL SCHOOL LETTER OF INTENT**

Date: [DATE]

Dear [DENTAL SCHOOL NAME],

[INTRO, THANK YOU FOR CONSIDERATION]

[UPDATES SINCE INTERVIEW, CONTRIBUTIONS TO SCHOOL, CONTACT WITH STUDENTS/FACULTY/ALUMNI]

[WEAKNESSES + HOW TO IMPROVE, CONFIRM TOP CHOICE, SECOND THANK YOU]

Sincerely,

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/)

[Signature]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Print Name]

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[Email]

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[Phone]