**MEDICAL SCHOOL LETTER OF INTENT**

Date: [DATE]

Dear [SCHOOL NAME],

[THANK YOU FOR CONSIDERATION, RECAP REASON FOR APPLYING, CONFIRM SCHOOL IS TOP CHOICE]

UPDATES SINCE LAST COMUNICATION, CONTRIBUTIONS TO SCHOOL]

[CONFIRM TOP CHOICE, SECOND THANK YOU]

Sincerely,

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

[Signature]

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

[Print Name]

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

[Email]

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[Phone]