

# MEDICAL SCHOOL LETTER OF INTENT

Date: \_\_\_\_\_

Dear \_\_\_\_\_,

---

---

---

---

[Thank You for Consideration, Recap Reason for Applying, Confirm School is Top Choice]

---

---

---

---

---

[Updates Since Last Communication, Contributions to School]

---

---

---

[Confirm Top Choice, Second Thank You]

Sincerely,

---

[Signature]

---

[Print Name]

---

[Email]

---

[Phone]

