**MEDICAL SCHOOL LETTER OF INTENT**

[MM/DD/YYYY]

[SENDER NAME]

[SENDER STREET ADDRESS]

[SENDER CITY, STATE, ZIP]

[RECIPIENT NAME], [RECIPIENT TITLE]

[SCHOOL NAME]

[SCHOOL STREET ADDRESS]

[SCHOOL CITY, STATE, ZIP]

Dear [RECIPIENT NAME],

[INTRODUCE APPLICANT & COMMUNICATE INTENTION TO JOIN PROGRAM].

[STATE NOTABLE ACADEMIC, EXTRACURRICULAR & PERSONAL ACHIEVEMENTS].

[DESCRIBE GOALS & MOTIVE FOR JOINING MEDICAL PROGRAM].

[EXPRESS GRATITUDE & CONCLUDE LETTER].

Sincerely,

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

[Signature]

[APPLICANT PRINTED NAME]

[Print Name]