

***Letterhead of your medical school or residency program**



Sample format – FUTURE Applicant verification letter

Student or Resident's Full Name: _____

Medical School or Residency Program Name: _____

Expected Graduation Date: _____

Signature

Title

Date

Letter must be signed by the Dean of the medical school or Registrar's Office if a student applicant or the Program Director of the residency program if a resident applicant.

SAMPLE