

Eligibility Assessment for Medical Programs

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

We are pleased to inform you that your application for eligibility assessment for the medical programs at [Institution's Name] has been received and is currently under review. This letter serves to outline the criteria and process involved in assessing your eligibility.

Eligibility Criteria:

- Completion of prerequisite coursework
- Minimum GPA requirement
- Relevant standardized test scores
- Clinical experience or volunteer work in a medical setting

Upon completion of our assessment, you will receive a formal notification regarding your eligibility status. If you have any questions in the meantime, please feel free to reach out to our admissions office at [Contact Information].

Thank you for your interest in our medical programs.

Sincerely,

[Your Name]

[Your Title]

[Institution's Name]

[Institution's Address]

[Phone Number]

[Email Address]