

Approval for Candidacy in Skills Enhancement Program

Date: [Insert Date]

To: [Associate's Name]

[Associate's Address]

[City, State, Zip Code]

Dear [Associate's Name],

We are pleased to inform you that your candidacy for the Skills Enhancement Program has been approved. Your commitment to enhancing your skills and contributing to our team's success is highly valued.

The program is scheduled to begin on [Start Date] and will conclude on [End Date]. Attendance and participation in all sessions are mandatory to maximize the benefits of the training.

Should you have any questions or require further information, please feel free to reach out to [Contact Person or Department].

Congratulations once again on your acceptance. We look forward to supporting you in your professional growth.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[City, State, Zip Code]