

Acceptance Letter

Your Name

Your Address

City, State, Zip Code

Email Address

Phone Number

Date

Admissions Office

Medical School Name

Medical School Address

City, State, Zip Code

Dear Admissions Committee,

I am writing to formally accept my offer of admission to the Medical School Name for the entering class of [Year]. I am extremely grateful for this opportunity and excited to begin my journey in the medical field.

Thank you once again for this incredible opportunity. I look forward to contributing to the Medical School community and developing my skills as a future physician.

Sincerely,

Your Name