

Request for Deferment of Medical School Acceptance

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

Office of Admissions

[Medical School Name]

[Medical School Address]

[City, State, Zip Code]

Dear Admissions Committee,

I hope this message finds you well. I am writing to formally request a deferment of my acceptance into [Medical School Name] for the incoming class of [Year]. I am truly honored to have been accepted and greatly appreciate the opportunity to become a part of your esteemed institution.

Due to [brief explanation of your reason, e.g., personal, medical, financial reasons], I feel that it would be in my best interest to defer my enrollment for one year. This additional time will allow me to [briefly explain how the deferment will benefit your situation].

I kindly ask for your understanding and support in this matter. I am eager to join [Medical School Name] and believe that with this deferment, I will be better prepared to succeed in my medical education.

Thank you for considering my request. I look forward to your positive response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]