

# Request for Enrollment Information

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Institution's Name]

[Institution's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request information regarding the enrollment process for the Allied Health Program at [Institution's Name]. I am interested in learning more about the program requirements, application deadlines, and any prerequisites that may be necessary for admission.

Additionally, if there are any open house events, informational sessions, or materials that I could review, I would greatly appreciate it if you could provide that information as well.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]