

Medical Internship Application

Your Name
Your Address
City, State, Zip Code
Your Email
Your Phone Number
Date

Admissions Committee
Name of the Medical Institution
Institution's Address
City, State, Zip Code

Dear Members of the Admissions Committee,

I am writing to express my interest in the medical internship program at [Institution Name] for the upcoming [semester/year]. As a dedicated medical student currently enrolled in [Your University] in [Your Country], I am eager to gain hands-on experience in a diverse clinical environment.

Throughout my studies, I have developed a strong foundation in [relevant subjects or skills], and I am particularly drawn to [specific area of medicine]. I am confident that this internship will enhance my education and prepare me for a successful career in medicine.

I am particularly impressed by [mention any specific programs, faculty, or opportunities offered by the institution] and believe that my background in [mention relevant experience or skills] will enable me to contribute positively to your team.

I have attached my resume and academic transcripts for your consideration. I would be grateful for the opportunity to discuss my application in further detail and learn more about the internship program at [Institution Name].

Thank you for considering my application. I look forward to the possibility of joining your esteemed institution as an intern.

Sincerely,
[Your Name]