

Application for Medical Internship

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Hospital/Organization Name]

[Hospital/Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to express my interest in the medical internship position at [Hospital/Organization Name]. As a dedicated medical student in my [Year] year at [Your University], I am eager to gain practical experience and further develop my skills in a clinical setting.

I have had the privilege of working under [Recommender's Name], who is [Recommender's Title] at [Recommender's Institution]. [He/She/They] has kindly agreed to provide a recommendation for my application. [Recommender's Name] can speak to my academic capabilities, work ethic, and passion for medicine.

Thank you for considering my application. I look forward to the opportunity to contribute to your team and learn from the esteemed professionals at [Hospital/Organization Name]. I am available for an interview at your earliest convenience.

Sincerely,

[Your Name]