

# Medical Internship Application

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Recipient's Title]

[Institution Name]

[Institution Address]

[City, State, Zip Code]

**Dear [Recipient Name],**

I am writing to express my interest in applying for the medical internship program at [Institution Name]. As a [Your Year, e.g., second-year] medical student at [Your University], I am eager to further develop my clinical and research skills.

During my time at [Your University], I have had the opportunity to engage in research focusing on [Research Topic/Area]. My experience includes [Briefly describe your research experience, highlighting relevant skills, techniques, or findings]. This experience has allowed me to gain insight into the complexities of medical research, and it has strengthened my commitment to pursuing a career in [Specialty/Field of Medicine].

I am particularly drawn to [Institution Name] because of [Reason specific to the institution or program]. I am confident that this internship will provide invaluable hands-on experience and exposure to [Specific aspects of the program or research opportunities that interest you].

Thank you for considering my application. I look forward to the opportunity to discuss my candidacy further.

Sincerely,

[Your Name]