



***Letterhead of your medical school or residency program**

Sample format – Applicant verification letter

Student or Resident's Full Name: _____

Medical School or Residency Program Name: _____

Expected Graduation Date: _____

Signature _____

Title _____

Date _____

Letter must be signed by the Dean of the medical school if a student applicant of the Program Director of the residency program is a resident applicant.

SAMPLE