



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

## Sample | FUTURE 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 Registrar's Office or Dean of the medical school if a student applicant or the Residency Program Director if a resident applicant.*