



**\*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.**