

[Medical School Letterhead]

Date: [Insert Date]

[Applicant's Name]

[Applicant's Address]

[City, State ZIP Code]

Dear [Applicant Name],

On behalf of the Admissions Committee at [Medical School Name], I am pleased to formally acknowledge receipt and review of your request to defer your admission. After careful consideration, we are happy to inform you that your request for deferred enrollment has been approved.

Your place in the entering class of [original admission year] has been officially deferred, and you are now expected to matriculate with the class beginning in [deferred year, e.g., Fall 2025]. Please note that this approval is contingent on the following conditions:

- You must confirm your intent to enroll by [confirmation deadline, e.g., June 1, 2025], using the instructions provided in your acceptance portal.
- You agree not to pursue applications to other medical schools during your deferral period.
- Any significant changes in your academic or personal status during the deferral must be promptly reported to the Admissions Office.
- You must fulfill any additional requirements outlined in your original offer of admission (e.g., final transcripts, prerequisite courses, required immunizations).

We admire your thoughtful decision to defer and believe that you will bring valuable experience and perspective to our future class when you matriculate. Should you have any questions regarding your deferred admission status or any of the requirements listed above, please do not hesitate to contact our office at [email address] or [phone number].

We look forward to welcoming you to [Medical School Name] in [deferred year]. Congratulations once again on your acceptance.

Sincerely,

[Admissions Director Name]

Director of Admissions

[Medical School Name]