

Date: [Insert Date]

Office of Admissions

[Medical School Name]

[Address Line 1]

[Address Line 2]

[City, State, ZIP Code]

Dear Admissions Committee,

I am writing to formally acknowledge and accept the offer of admission to the [Medical Program Name] at [Medical School Name]. I am honored to be selected and wish to express my sincere gratitude for this incredible opportunity.

I am enthusiastic about joining [Medical School Name] and am committed to contributing to the academic community and upholding the values of your esteemed institution. Please let me know if there are any forms, deposits, or further steps required to finalize my enrollment.

Thank you once again for your confidence in me. I look forward to embarking on this exciting journey and becoming a part of the [Medical School Name] family.

Sincerely,

[Your Full Name]

[AMCAS/AACOMAS ID or Student ID, if applicable]

[Your Contact Information]