

Acceptance Letter for Medical School Conditional Offer

[Your Name]
[Your Address]
[City, State ZIP Code]
[Email Address]
[Phone Number]
[Date]

[Admissions Office]
[Medical School Name]
[School Address]
[City, State ZIP Code]

Dear [Admissions Committee/Admissions Officer Name],

I am writing to formally accept the offer of conditional admission to the [Medical School Name] for the [academic year/term]. I am deeply honored and grateful for this opportunity to join your esteemed program.

I acknowledge and accept the conditions outlined in the offer letter, including [briefly mention key conditions, e.g., completing prerequisite courses, maintaining GPA, submitting official transcripts]. I am committed to fulfilling these requirements and will ensure that all necessary documentation is submitted by the specified deadlines.

Please let me know if there are any additional forms or information I should provide at this time. I look forward to joining the [Medical School Name] community and contributing positively to the program.

Thank you once again for this incredible opportunity. I look forward to the next steps and will keep you updated on my progress in meeting the conditions of my offer.

Sincerely,
[Your Name]