DENTAL SCHOOL LETTER OF INTENT

[SENDER NAME]
[SENDER ROLE OR TITLE]
[SENDER ORGANIZATION]
[SENDER MAILING ADDRESS]
[SENDER EMAIL OR PHONE]
[DATE]

[RECIPIENT NAME OR COMMITTEE]
[RECIPIENT ORGANIZATION]
[RECIPIENT MAILING ADDRESS]

Dear [RECIPIENT NAME OR COMMITTEE]:

I am writing to express my interest in the [PROGRAM AND INSTITUTION] program for [INTENDED TERM OR INTAKE].

My background and preparation are: [RELEVANT ACADEMIC AND PROFESSIONAL BACKGROUND]

My motivation for pursuing this course of study is: [YOUR MOTIVATION AND PREPARATION CLINICAL OR]

My interest in this particular program is based on: [SPECIFIC FEATURES OF THIS PROGRAM THAT]

My study and career goals are: [STUDY AND CAREER GOALS]

I would welcome the opportunity to be considered through your admissions process.

Thank you for your consideration. Please contact me at [SENDER EMAIL OR PHONE] to discuss the next steps.

Sincerely,

Sender

SIGNATURE

DENTAL SCHOOL LETTER OF INTENT DOCUMENT.COM • SAMPLES