

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

Admissions Committee  
UCLA Residency Program  
[Department/Division Name]  
[UCLA Address]  
[City, State, Zip Code]

Dear Members of the Admissions Committee,

I am writing to express my sincere interest in the [specific residency program name] at UCLA. As a recent graduate of [Your Medical School], I am eager to pursue advanced training at an institution renowned for its commitment to excellence in medical education and patient care.

Throughout my clinical rotations, I have gained valuable experience in [specific areas of interest related to the residency], where I [briefly describe any relevant achievements or experiences]. These experiences have solidified my passion for [specialty], and I am particularly drawn to UCLA because of its [mention specific faculty, programs, or values that resonate with you].

I am excited about the opportunity to contribute to and learn from the diverse and dynamic environment at UCLA. I believe that my background in [mention any relevant skills or experiences] will enable me to make a meaningful impact in your program.

Thank you for considering my application. I look forward to the possibility of joining the UCLA residency program and contributing to its mission of providing exceptional care and advancing medical knowledge.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]