

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

Admissions Committee  
University of Florida College of Medicine  
[Address of the Medical School]  
[City, State, Zip Code]

Dear Admissions Committee,

I am writing to express my strong interest in applying to the University of Florida College of Medicine for the [specific program/degree] program. As a dedicated and passionate individual pursuing a career in medicine, I am excited about the opportunity to contribute to and learn from the esteemed faculty and diverse community at UF.

[Paragraph detailing your academic background, relevant experiences, and why you are interested in medicine.]

[Paragraph discussing specific interests in UF College of Medicine, including programs, faculty, or research opportunities that align with your goals.]

[Paragraph outlining any volunteer work, leadership experiences, or personal anecdotes that highlight your commitment to the field of medicine and patient care.]

Thank you for considering my application. I am looking forward to the possibility of joining the University of Florida College of Medicine and contributing to the community.

Sincerely,

[Your Name]  
[Your AAMC ID (if applicable)]