

Date

American College of Surgeons
Division of Member Services
Medical Student, Resident, Associate Fellow, and Affiliate Section
633 North St. Clair St, 24th Floor
Chicago, IL 60611
Fax: 312-202-5007

Re: Applicant for ACS Medical Student Membership

This letter verifies that _____ is currently enrolled as a
(Name)

Medical Student at _____ and is in good standing.
(Institution)

Their expected date of graduation is _____.
(Month, year)

I am recommending this individual to be accepted as a Medical Student Member in The American College of Surgeons.

Best regards,

(Name)

(Signature)

(Title)

(Telephone)

(E-mail)

**Note: This form should be printed on the institution's letterhead*