

Date

American College of Surgeons  
Division of Member Services  
Medical Student, Resident, Associate Fellow, or  
Fellow, an  
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*