

Robert J. McLaughlin, Ph.D.

Dean
School of Health Professions
One Baylor Plaza, MS: BCM115
DeBakey Building, Suite M108
Houston, Texas 77030-3411
713.798.4613 ■ 713.798.7694
www.bcm.edu/pap

January 17th, 2020

Dear Applicant,

On the recommendation of the Admissions Committee, I am pleased to offer you a position in the **2020** entering class of our Master of Science Physician Assistant Program. Your matriculation on **Monday, June 22nd, 2020** is subject to meeting the conditions outlined in the enclosed Acknowledgment Form.

Your academic achievements and outstanding attributes serve as indicators of your potential for success in our program. We are confident that you have qualities that will make you strive for the highest standards of personal and professional achievement. We at Baylor are committed to helping you achieve these goals.

If you accept this offer, please sign the enclosed acknowledgement form and return it with your \$300 tuition deposit by **Friday, January 31st, 2020**. We will send additional information to you soon regarding financial aid, registration, and enrollment.

On behalf of both our faculty and student body, I congratulate you on your appointment and look forward to your enrollment at Baylor College of Medicine.

Sincerely,



Robert J. McLaughlin, Ph.D.
Dean

**2020 ADMISSIONS ACKNOWLEDGEMENT FORM
MASTER OF SCIENCE PHYSICIAN ASSISTANT PROGRAM**

In order to accept the offer to enroll as a student in the Physician Assistant Program within the School of Health Professions of Baylor College of Medicine on **Monday, June 22nd, 2020**, I understand that my enrollment is contingent upon my meeting the following conditions. By initialing each numbered requirement below, I acknowledge the requirements for enrollment.

_____ 1. I understand that all official transcripts **must be received** by the PA Program no later than **June 12th, 2020**. CASPA transcripts will not fulfill this obligation. I will request ALL final transcripts and transcripts confirming required course completion (from all colleges, universities, graduate schools and professional schools attended) be emailed to: paprogram@bcm.edu OR mailed to:

Admissions Office, School of Health Professions
Attn: Diana Romero
Baylor College of Medicine
1 Baylor Plaza, MS BCM115
Houston, TX 77030

_____ 2. A non-refundable online tuition deposit of \$300 was submitted with the return of this acceptance and is on file in the PA Program Admissions Office by **January 31st, 2020**.

_____ 3. Immunization records have been submitted to the attention of:

Dr. James Kelaher
Occupational Health Program
Baylor College of Medicine
1 Baylor Plaza, Mailstop BCM608
Houston, Texas 77030

_____ 4. I acknowledge that I have read the Technical Standards for Admission and Graduation provided with the interview invitation. I will be able to meet these standards without accommodations.

OR

_____ 5. I acknowledge that I have read the Technical Standards for Admission and Graduation provided with the interview invitation I will be able to meet these standards with accommodations.

If accommodation(s) is/are requested, I must submit documentation of the disability with proposed accommodation(s) from a certified specialist to:

Leigh Knubley
Student Disability Services Coordinator
Baylor College of Medicine
1 Baylor Plaza, MS BCM119
Suite 415A
Houston, Texas 77030
713-798-7660

I accept your offer of enrollment.

Name _____
(please print)

Signed _____ Date _____

Social Security Number _____ Date of Birth _____

Financial Aid and Enrollment information will be e-mailed to you as soon as possible; therefore, please keep us informed of any changes in your e-mail address.

I wish to decline your offer of enrollment.

Name _____

Signed _____ Date _____
(please print)

Revised 01/16/2020