

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/msop

February 7, 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 Orthotics and Prosthetics Program. Your Matriculation on **Monday, June 22, 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 those goals.

If you accept this offer, please sign the enclosed acknowledgment form and return it with your \$350 tuition deposit by **Monday, February 17, 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 acceptance 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 IN ORTHOTICS AND PROSTHETICS PROGRAM

In order to accept the offer to enroll as a student in the Orthotics and Prosthetics Program within the School of Health Professions of Baylor College of Medicine on **Monday, June 22, 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 OP Program no later than **June 12, 2020**. OPCAS 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 mailed to lizh@bcm.edu OR mailed to:

OP Program, School of Health Professions
Attn.: Liz Haecker
Baylor College of Medicine
1 Baylor Plaza, MS BCM115
Houston, TX 77030

_____ 2. I understand that I must submit my official scores earned from completion of the Graduate Record Examination. Provide school code 6052 and department code 0601 when contacting ETS.

_____ 3. A non-refundable **online tuition deposit** of \$350 was submitted with the return of this acceptance and is on file in the Orthotics and Prosthetics Program Admissions Office by **Feb. 17, 2020**.

_____ 4. Immunization records have been submitted to the attention of Dr. James Kelaher, Baylor Occupational Health Program, 1 Baylor Plaza, Mailstop BCM608, Houston, Texas 77030. Fax - 713-798-3364 scv_auto_print@bcm.edu

_____ 5. I acknowledge that I have read the [Technical Standards for Admission and Graduation](#) that was provided electronically. I will be able to meet these standards without accommodations.

OR (Please initial either 5 or 6)

_____ 6. I acknowledge that I have read the [Technical Standards for Admission and Graduation](#) that was provided electronically. I will be able to meet these standards **with** accommodations.

If accommodation(s) is/are requested, you 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

More information about this process is available on the BCM Student Disability Service website (<https://www.bcm.edu/education/academic-faculty-affairs/student-services/student-disability-services>).

I accept your offer of enrollment.

Name _____
(please print)

Signed _____ Date _____

Financial Aid and Enrollment information will be e-mailed to you by the Financial Aid Office and Office of the Registrar 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 _____
(please print)

Signed _____ Date _____