



FLORIDA STATE UNIVERSITY
COLLEGE of MEDICINE

Eric Laywell, Ph.D.

Assistant Dean for Admissions
Division of Student Affairs and Admissions
FSU College of Medicine
1115 West Call Street
Tallahassee, FL 32306-4300

Anthony Speights, MD, FACOG, AAHIVS

Senior Associate Dean for IMS
Director Bridge Program
Division of IMS
FSU College of Medicine
1115 West Call Street
Tallahassee, FL 32306-4300

Dear Drs. Laywell and Speights,

I hereby accept the position offered to me in the Florida State University College of Medicine Bridge to Clinical Medicine major of the Master of Science in Biomedical Sciences, better known as the Bridge Program, class that will matriculate in May 2024, and I agree to comply with and be governed by all rules and regulations of the Florida State University College of Medicine.

I have read the **Enrollment Requirements** and I fully understand that my failure to comply with each of the terms and conditions stated herein may void my acceptance.

Sincerely,

Signature: _____

Printed Name: _____

AAMC ID: _____

Please return this form and additional materials to:

medenrollment@med.fsu.edu

Enrollment Associate
FSU College of Medicine
1115 West Call Street
Tallahassee, FL 32306-4300