

Date

To [STUDENT WOULD PROVIDE CONTACT INFORMATION]:

[STUDENT'S NAME] is a [YEAR] student in good academic standing at the University of Illinois at Chicago College of Medicine. Academic standing is verified each semester. [STUDENT'S NAME]'s anticipated graduation date is [GRAD DATE].

If you have any questions, please do not hesitate to call the Office of Student Affairs at (312) 996-2450.

Sincerely,

Kathleen Kashima, PhD
Senior Associate Dean
Student Affairs
cc: [STUDENT'S NAME]
Student File