

Todd A. Reinhart, ScD

Dean

SCHOOL OF HEALTH PROFESSIONS

ONE BAYLOR PLAZA, MS: BCM115

DeBAKEY BUILDING, SUITE M108

HOUSTON, TEXAS 77030

OFFICE: 713.798.4613

WEB: bcm.edu/education/school-of-health-professions

November 10, 2023

Dear Applicant,

On the recommendation of the Admissions Committee, I am pleased to offer you a position in the **2024** entering class of our Master of Science Physician Assistant Program. Your matriculation on **Monday, June 17th, 2024** 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 \$1,000 tuition deposit by **December 1st, 2023**. 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,



Todd A. Reinhart, ScD

Dean

**2024 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 17th, 2024**, 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. **Please keep us informed of any changes to your email address, as this will be our primary method of communication.**

_____ 1. I understand that all official transcripts **must be received** by the PA Program no later than **June 5th, 2024**. 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 Rangel
Baylor College of Medicine
1 Baylor Plaza, MS BCM115
Houston, TX 77030

_____ 2. A non-refundable online tuition deposit of \$1000 was submitted with the return of this acceptance and is on file in the PA Program Admissions Office by **December 1st, 2023**.

_____ 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

- I understand that failure to be current with Influenza and COVID-19 vaccinations as recommended by the CDC will render me unable to complete the curriculum as offered at Baylor College of Medicine. Vaccination exemptions are not available, including for medical, personal, or religious reasons.

_____ 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:

Student Disability Services Coordinator
Baylor College of Medicine
713-798-7660
disability@bcm.edu

_____ 6. If I am an international student accepting an offer of admission, I have emailed paprogram@bcm.edu for further information.

I accept your offer of enrollment.

Name _____
(please print)

Signed _____ Date _____

Social Security number is required, submit here → <https://forms.office.com/r/MwS5vuRgin>

I wish to decline your offer of enrollment.

Name _____

Signed _____ Date _____
(please print)

Revised 11/10/2023