

**Todd A. Reinhart, ScD**

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**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](http://bcm.edu/education/school-of-health-professions)

November 11, 2022

Dear Applicant,

On the recommendation of the Admissions Committee, I am pleased to offer you a position in the **2023** entering class of our Master of Science Physician Assistant Program. Your matriculation on **Monday, June 19th, 2023** 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 2<sup>nd</sup>, 2022**. 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

**2023 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 19th 2023**, 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 7<sup>th</sup>, 2023**. 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](mailto: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 2nd, 2022**.

\_\_\_\_\_ 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:

Toni Gray  
Student Disability Services Coordinator  
Baylor College of Medicine  
713-798-7660  
[toni.gray@bcm.edu](mailto:toni.gray@bcm.edu)

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 11/10/2022