

MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS, INC.

**APPOINTMENT ACCEPTANCE LETTER**

I hereby accept a housestaff appointment in the graduate medical training program at the Medical College of Wisconsin Affiliated Hospitals for the initial period July 1, 2024 through June 30, 2025.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Indicate below the address where we should send the early May mailing **if it differs from your current address.**

New Address: \_\_\_\_\_

\_\_\_\_\_  
(City, State, Zip Code)

Effective Date: \_\_\_\_\_