DATE

Address Block for Chair of Graduate Department

Re: Dr. FACULTY NAME Graduate Appointment– Department of XXXXXX

Dear Dr. XXXXX,

I am writing this letter in support of Dr. FACULTY NAME’s graduate appointment to the Department of XXXXX, Division of XXXX (IF APPROPRIATE). This appointment will enable […..].

Dr. NAME has held a APPOINTMENT TYPE academic appointment at the rank of RANK in the Department of Medicine, Division of XXXXXXX, since DATE and is appointed to the HOSPITAL APPOINTMENT DETAILS.

Please do not hesitate to contact me for any questions.