

University of Pittsburgh EM Program  
*Letter of Intent (Optional)*

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I plan to pursue the Undergraduate Program in Emergency Medicine offered by the University of Pittsburgh.

My intention is to complete the Paramedic Education Program at University of Washington Harborview Medical Center and continue my education at the University of Pittsburgh.

*By signing this letter of Intent does not bind me to this academic plan. It is simply a means of communicating to the Emergency Medicine Program of my interest at this point.*

I am aware that as a participant, I will have direct access to a University of Pittsburgh academic advisor who can assist me with academic planning and questions that I have about the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail completed form to:

Emergency Medicine Program  
230 McKee Place, Suite 500  
Pittsburgh, PA 15213