



## Confirmation Letter

This is to verify that I, \_\_\_\_\_ accept the offer of provisional acceptance from the University of Detroit Mercy School of Dentistry. I also acknowledge that my position reservation fee is non-refundable regardless of the circumstances for my withdrawal from the Class of 2024.

Signed: \_\_\_\_\_

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

SSN or SIN Needed for Financial Aid Purposes: \_\_\_\_\_

**\*Please return this confirmation with your position reservation fee**