Baylor College of Medicine

SCHOOL OF HEALTH PROFESSIONS

ONE BAYLOR PLAZA, MS: BCM115
HOUSTON, TEXAS 77030

PHONE: 713.798.4613
https://www.bcm.edu/education/school-of-health-professions

November 13, 2026

Dear Applicant,

On the recommendation of the Admissions Committee, I am pleased to offer you a position in the **2027** entering class of our Master of Science Physician Assistant Program. Your matriculation on **Monday, June 21st, 2027,** 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 4th, 2026**. 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,



Eric Storch, Ph.D.
Interim Dean, School of Health Professions
McIngvale Presidential Endowed Chair & Professor
Vice Chair & Head of Psychology
Menninger Department of Psychiatry and Behavioral Sciences

2026 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 21st, 2027**, 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. **Please keep us informed of any changes to your email address, as this will be our primary method of communication.**

_____1. I understand that all official transcripts **must be received** by the PA Program no later than **June 4th, 2027**. 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 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 4th, 2026.**

_____3. Immunization records have been submitted to the Occupational Health Program (OHP)

All students must register through the OHP website before submitting their immunization records. After registering, documents may be submitted using either of the following methods:

Electronically: Upload documents through the OHP website or mailed to:

Dr. James Kelaher
Occupational Health Program
Baylor College of Medicine
1 Baylor Plaza, Mailstop BCM608
Houston, Texas 77030

- I understand that, in addition to BCM requirements, I must comply with affiliated institution's requirements before and during clinical rotations. I understand that BCM cannot guarantee that alternate locations will be available if I am prevented—by affiliate vaccination or other requirements—from performing my course of study, clinical rotations, or other program-required training. I understand and agree that this potentially renders me unable to complete my course of study or receive degrees or certifications demonstrating training completion.

_____ 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:

Student Disability Services Coordinator
Baylor College of Medicine
713-798-7660
disability@bcm.edu

I accept your offer of enrollment.

Name_____
(please print)

Signed_____ Date_____

I wish to decline your offer of enrollment.

Name_____

Signed_____ Date _____
(please print)

Revised 11/6/2024