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

One Baylor Plaza
MS: BCM 350
Houston, Texas 77030-3411
Phone: 713-798-4945
Fax: 713-798-3669

November 13, 2026

Dear Applicant,

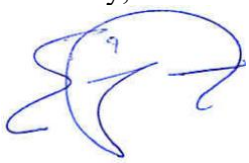
On the recommendation of the Admissions Committee, I am pleased to offer you a position in the **2027** entering class of our Master of Science Orthotics and Prosthetics Program. Your matriculation on **Monday, June 21, 2027,** is subject to meeting the conditions outlined in the enclosed Acknowledgment 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 those goals.

If you accept this offer, please sign the enclosed acknowledgment form and return it with your $1,000 tuition deposit by **Friday, November 20, 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 acceptance and look forward to your enrollment at Baylor College of Medicine!

Sincerely,



Eric A. 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
Baylor College of Medicine

2027 Early Admissions Acknowledgment Form
Master of Science in Orthotics and Prosthetics Program

To accept the offer to enroll as a student in the Orthotics and Prosthetics Program within the School of Health Professions of Baylor College of Medicine on **Monday, June 21, 2027,** I understand that my enrollment is contingent upon my meeting the following conditions. **By initialing each numbered requirement below, I acknowledge the enrollment requirements**.

_____**1**. I understand that all official transcripts must be received by the OP Program no later than **June 4, 2027**. Transcripts sent to OPCAS 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 lizh@bcm.edu OR mailed to: *OP Program, School of Health Professions Attn.: Liz Haecker Baylor College of Medicine, 1953 Butler Blvd, MS BCM115; Cullen Tower, Tenth Floor, Houston, TX 77030.*

_____**2.** I understand that a non-refundable *online tuition deposit of $1000 is due on or before **November 20, 2026.** *The online tuition deposit goes towards your 1st year's tuition once you start the program.

_____**3.** I understand that I must submit complete Immunization records directly to Baylor Occupational Health Program on or before **May 21, 2027**. The OHP website has not yet been updated with the 2027 dates. Please check back periodically for updates.

_____**4**. I acknowledge that I have read the Technical Standards for Admission and Graduation. I will be able to meet these standards without accommodations.

OR (Please initial either 4 or 5)

_____**5**. I acknowledge that I have read the Technical Standards for Admission and Graduation that was provided electronically. I will be able to meet these standards with accommodations.

If accommodation(s) is/are requested, you must submit documentation of the disability with proposed accommodation(s) from a certified specialist. You will need to submit an online request form to start the process:https://www.bcm.edu/education/academic-faculty-affairs/student-services/student-disability-services/request-accommodations. More information about this process is available on the BCM Student Disability Service website (https://www.bcm.edu/education/academic-faculty-affairs/student-services/student-disability-services).

I accept your offer of enrollment.

Name_____
(please print)

Signed_____ Date_____

Financial Aid and Enrollment information will be e-mailed to you by the Financial Aid Office and Office of the Registrar as soon as possible; therefore, please keep us informed of any changes in your e-mail address.

I wish to decline your offer of enrollment.

Name_____
(please print)

Signed_____ Date _____