



**UNM DEPARTMENT OF ORTHOPEDICS  
 VIRTUAL INFORMATION PROGRAM  
 CONFIRMATION OF ENROLLMENT FORM**

Dear Student,

Thank you for your interest in Orthopedics at the University of New Mexico School of Medicine. This form is to be completed by your Dean of Students (or designee) and submitted with your information.

Student Name:	
Student Email Address:	
Home Institution:	
Specialty of Choice:	

I attest that the above-named student is in good standing and applying to the specialty named above.

\_\_\_\_\_  
 Name and Title

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