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| **SAMPLE ADMISSION / ACCEPTANCE LETTER**  **BECAS CHILE SCHOLARSHIP PROGRAM – MASTER DEGREE 2017** |

*Please fill in the blanks with the information required in brackets*

This is to certify that Mr/Mrs. (*Applicant/Regular Student’s full name*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been accepted at (*University/Institution*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the (Faculty/Department/School) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to pursue his/her Master Degree Program in (*Program*), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The Applicant/Regular Student has been accepted under the following conditions:

|  |  |
| --- | --- |
|  | Unconditional |
|  | Conditional to funding |
|  | Conditional to language proficiency results  Please specify the minimum language requirement score \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

The program period is from (*starting month/year*) \_\_\_\_\_\_\_\_\_\_ to (*finishing month/year*) \_\_\_\_\_\_\_\_\_\_.

I certify that this letter of acceptance is issued after thorough revision of the academic records and background of the applicant and his/her language skills.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature and Stamp**

Full name of the authority: ………………………………………………………..

Position of the authority: ………………………………………………………..

Date (MM/DD/YYYY): ………………………………………………………..