***Fellow Transfer Letter***

 *Please note: This Template Letter should* ***only*** *be used by Current Chair/Director to new Chair/Director for fellow transferring from one SOM Department/Center/Institute/Program to another:*

DATE:

CHAIR OR DIRECTOR NAME, DEGREE

DEPARTMENT NAME

ADDRESS LINE 1

CITY, STATE ZIP CODE

Dear Dr.[NAME HERE]:

I, [CHAIR OR DIRECTOR FIRST AND LAST NAME], approve the transfer of [ENTER FELLOW FIRST, LAST NAME , AND TITLE], to the Department/Institute/Program/Center of \_\_\_\_\_, Division of \_\_\_\_(if applicable), at the University of Maryland School of Medicine, effective [DATE]. Dr./Mr./Ms. [ENTER FELLOW LAST NAME} last day in {ENTER DEPARTMENT NAME FELLOW IS LEAVING} will be effective [DATE].

Sincerely,

[Department Chair or Institute/Program/Center Director]