



COLLEGE OF OSTEOPATHIC MEDICINE
Office of Clinical Education

To: Mrs. Elaine Lefkowitz

From: _____

Re: Letter of Cancellation

Date: _____

Dear Mrs. Lefkowitz:

I would like to cancel my rotation scheduled for _____ at

_____ **During the month of _____.**

I have spoken to _____ at this phone number _____

to confirm my cancellation.

Thanks for your time.

Sincerely,
