



Letter of Request

Observation of Doctor-patient Interaction Volunteer

Date:

To: Program Director of Biological Sciences,

Subject: Request for Official Letter and Permission to shadow doctor volunteer

My name is (Student ID no.), a registered undergraduate's student in the Biological Sciences program, Science Division.

I am hereby seeking your consent to shadow (*doctor's name*) volunteer, at the Department of, (organization's name). The duration of the volunteer is on (*day*) from(*date/month/year*) to(*date/month/year*) from - hrs. My objectives are

1. To experience the daily challenges of a physician
2. To learn how to take care of minor patients
3. To gain knowledge from qualified physicians
4. To experience working in the real hospital field
5. To learn and improve my laboratory skills
6. To practice working under pressure
7. To gain confidence in collaborating with different professionals
8. To gain opportunity to start my internship serving the community
9. Other (*please specify*):
10. Other (*please specify*):

If you have question, please feel free to contact me. My contact details are as follows:

Email: **Phone number:**

Your permission will be greatly appreciated.

Yours sincerely,

Student's signature:

Student's name: (.....)