**Letter of Request**

**for**

**Observation of Doctor-patient Interaction**

Date: ….. ……………….. ………

To: Associate Dean for Educational Affairs (via) Chair of Science Division (via) Program

Director of Biological Sciences,

Subject: Request for official letter and permission to shadow doctor at …………………………………

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)*, at the Department of …………………………………, Faculty of ………………………………………., …………………………… University. The duration of the internship 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. Other *(please specify)*: ………………………………………………………
5. Other *(please specify)*: ………………………………………………………

If you require any further information, please do not hesitate 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: (…………………………………………….)