



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.

Email: **Phone number:**

I am hereby seeking your consent to shadow (*doctor's name*)
 volunteer, at the Department of,
..... (organization's name).

Position: **Email:** **Phone no.:**

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

Student's signature:

ACCEPTANCE FORM

- Accept the request as mentioned above
- Accept the request with minor adjustment/conditions on
-
- Reject the request because (if any)

Doctor/Lecturer's signature: