



Letter of Request

Doctor-patient Interaction Observation Volunteer

To: Program Director of Biological Sciences,

Subject: Request for Official Letter and Permission to observe doctor-patient interaction volunteer

My name is (Student ID no.), an undergraduate student currently enrolled in the Biological Sciences program, Science Division.

Email: Phone number:

I would like to request your approval and support in issuing an official letter granting me permission to shadow (doctor's name) volunteer, at the Department of (organization's name).

Doctor's Position: Email: Phone no.:

The proposed observation will take place on (day), from to from - hrs. The objectives of this observation are as follows:

1. To gain insight into the daily responsibilities and challenges of a physician
2. To experience working in a real hospital environment
3. To build confidence in collaborating with healthcare professionals
4. To learn directly from experienced and qualified physicians
5. To understand how to provide care for pediatric/minor patients
6. To begin my journey in community service through internship opportunities
7. To enhance and refine my laboratory skills
8. To practice working effectively under pressure
9. Other (please specify):
- 10.

Student's signature: (...../...../.....)

PD's approval:

Date:

ACCEPTANCE FORM

I **accept** the request as stated above.

I **accept** the request with the following adjustment/conditions:

.....

I am **unable to accept** the request for the following reason(s):

.....

Doctor/Lecturer's signature: