



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 support in issuing an official letter requesting permission for me to:

☐ observe/shadow (doctor's name)

Doctor's Position: Email: Phone no.:

☐ volunteer, at the Department of (organization's name).

Contact Person: Email: Phone no.:

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

1. ☐ To gain insight into the daily responsibilities and challenges of a physician
2. ☐ To gain firsthand experience in a hospital or healthcare environment
3. ☐ To build confidence in collaborating with healthcare professionals
4. ☐ To learn directly from experienced and qualified physicians
5. ☐ To gain an understanding of the care provided to pediatric and minor patients
6. ☐ To gain experience in community service through volunteer or internship opportunities
7. ☐ To enhance and refine my laboratory skills
8. ☐ To develop my ability to work effectively under pressure
9. ☐ Other (please specify):

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: