

Dated:

To

Subject: Internship Request for Elective Specialty

Dear Sir,

Based on the collaboration between College of Medicine, Prince Sattam bin Abdulaziz University and your hospital, please find attached the details of the schedule of internship rotation for our interns at

We are attaching one Medical Intern Evaluation form also, kindly fill the same and send to us after the completion of each rotation.

Please confirm attached schedule.

Please find below the details of the schedule of internship rotation for our intern

(University Id:)

1	
---	--

His contact details are:

Name :

National ID :

G.P.A. :

Mobile :

Email :

Thanks and best regards,

Dr. Talal Saad Almukhlifi
Supervisor of Medical Internship
College of Medicine

Email: med-internship@psau.edu.sa