

To: The Academic and Training Affairs of

We, college of medicine at University of Bisha, present our sincere greetings and appreciation, and seek your permission to the internship training rotation of medical intern (details below), at your hospital for the following rotations:

Name	Department	Duration	Mobile No	ID No	Email	Grade

Training will be under the supervision of the College of Medicine at Bisha University and the Salary will be provided by Bisha University and no monetary responsibility on the training center.

We request that you kindly report to us the student's end of rotation performance evaluation. Please do not hesitate to contact us if you require any further information or have any inquiry on these contact details:

Email	Contact telephone no.
internship@ub.edu.sa	+966176238199

Sincerely,