**Full Name: Student Number:**

**Nationality: Commencement of Physiopathology phase:**

Dear Doctor

 **Date** **Student’s Signature /**

 **Phone Number:**

**Educational Assistant Feedback:**

**Dean/Vice-Dean’s Command:**

**Approved**  ⃝ **Disapproved**  ⃝

"Students are required to follow up on their request within a maximum of 5 working days to obtain the result.

Any consequences resulting from failure to do so will be the responsibility of the student."