

UNDERGRADUATE TRAINING DEPARTMENT

UNDERGRADUATE TRAINING JOINING LETTER

Respected Head of the Department

The trainee mentioned below has completed all the requirements for joining the training at the training site by the undergraduate training coordinator in the Academic and Training Affairs Department. The training will begin on the (date) , for inquiries, please contact (name) on the number or e-mail

Name:	_____	_____	_____
	(First)	(Middle)	(Last)
Category:	<input type="checkbox"/> Student <input type="checkbox"/> Intern	Classification:	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Pharmacy <input type="checkbox"/> Nursing <input type="checkbox"/> Allied Health
Department:	_____	Training Site:	_____
Start Date:	_____	University:	_____
End Date:	_____	Duration:	_____

Name of the Director of Academic and Training Affairs Department:	_____	Stamp:
Signature	_____	

