City, Date

Sir/Madam

Name of Practicum Site

Dear Sir/Madam:

We inform you that the student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, identified with \_\_\_\_\_\_\_\_\_\_\_\_\_\_ number \_\_\_\_\_\_\_\_\_\_\_, is currently enrolled in the academic period \_\_\_\_\_\_\_\_\_\_ corresponding to the semester \_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ academic program. The academic practicum is a requirement of its syllabus to obtain the professional degree.

In addition, we inform that the student's grade point average is \_\_\_\_. The student is currently active in the General Health Program with the status of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the entity \_\_\_\_\_\_\_\_\_\_\_. The student holds a valid student policy and total availability to carry out the practicum in the organization under the stablished schedule.

In view of the above, the student fulfills all requirements to begin the practicum process under the modality of\_\_\_\_\_\_\_\_\_.

Sincerely,

Name of the Practicum Coordinator

Citizenship ID Number:

Position

University of Antioquia