



UNIVERSITY OF NAIROBI

FACULTY OF VETETINARY MEDICINE
DEPARTMENT OF CLINICAL STUDIES

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INSTITUTION/CLINIC

Date _____

Dear Sir/Madam

STUDENT FIELD ATTACHMENT

NAME OF STUDENT: _____

REGISTRATION NUMBER: _____

The above named is a 4th year Bachelor of Veterinary Medicine student. He/She is required to undertake a field attachment for a total of eight (8) weeks starting from _____ to _____ as part of the requirements for the degree course.

The objective of the attachment is to expose the student to, practical clinical and laboratory techniques and procedures in veterinary medicine.

Kindly allow the student to be attached to your institution/laboratory/clinic.

Your assistance is highly appreciated.

Yours faithfully,

DR. AMBROSE KIPYEGON
ATTACHMENT CO-ORDINATOR
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