

[Full Name]
[Medical School Name]
[Current Year of Study]
[Email Address]
[Phone Number]
[Date]

[Program Director/Coordinator Name]
[Department Name]
[Hospital/Institution Name]
[City, Country]

Dear [Dr. Last Name / Selection Committee],

I am writing to express my strong interest in a clinical elective/exchange rotation in the **[Name of Department/Specialty]** at **[Institution Name]**, scheduled for **[Proposed Dates/Duration]**. As a medical student at **[Home University]**, I have closely followed your institution's reputation for excellence in **[mention a specific strength of the hospital/program]**.

To date, I have completed core rotations in **[List relevant completed rotations]**. These experiences have solidified my commitment to **[Specialty]**. I am particularly eager to learn more about **[Specific clinical interest or procedure]** under your team's guidance. I believe that training within your healthcare system will provide a unique perspective on patient care that I can bring back to my home institution.

My academic record and previous clinical evaluations demonstrate my dedication to patient safety and collaborative teamwork. I am confident that my background in **[mention a skill or research area]** will allow me to contribute effectively to your clinical team while achieving my learning objectives.

Thank you for considering my application. I have attached my CV, transcripts, and **[other required documents]** for your review. I look forward to the possibility of discussing how I can contribute to and learn from your esteemed program.

Sincerely,

[Signature]
[Full Name]