Name of student: …………………………………………………………………………

The above named student is presently in year ……………. of a ……………… year program.

[

Type here

]

**Golestan University of Medical Sciences**

**VISITING**

**MEDICAL ELECTIVE APPLICATION FORM**

The dates of attendance for the final medical year are ............................... (DD/MM/YY) to

............................... (DD/MM/YY)

Elective Start Date: …………………………. Elective End Date: ………………………...

General assessment of the student's character and conduct:

……………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………

Assessment of academic ability (please circle): BELOW AVERAGE / AVERAGE / ABOVE AVERAGE

Assessment of clinical ability (please circle): BELOW AVERAGE / AVERAGE / ABOVE AVERAGE

Student’s knowledge of English (where English is not first language):

Spoken: ………………………………………………… Written: …………………………………………

Any further information which you think might be of assistance:

……………………………………………………………………………………………………………………

**I support without reservation/with reservation (delete as appropriate) the application from this student for the proposed elective.**

**Signature: ……………………………………**

**Official Stamp of**

**Medical School**

**Date: ………………………………………….**

**Position: ………………………………………**

**Medical School: ……………………………**

**E-mail Address: …………………………….**