Name of student: ..................................................................................................................

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

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: .................................................................

Date: .................................................................

Position: .................................................................

Medical School: .................................................................

E-mail Address: .................................................................