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 of this student for the proposed elective.

Signature: ……………………………………

Date: …………………………………………

Position: ……………………………………

Medical School: ……………………………

E-mail Address: ……………………………

Official Stamp of Medical School