

**Shiraz University of Medical Sciences**  
**VISITING MEDICAL ELECTIVE APPLICATION FORM**

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:** .....

**Official Stamp of  
Medical School**