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 o(DD/MM/YY).	are (DD/MM/YY) to
Elective Start Date: Ele	ective End Date:
General assessment of the student's character and o	conduct:
	NA AVERAGE A MERAGE
Assessment of academic ability (please circle): BELC Assessment of clinical ability (please circle: BELC	DW AVERAGE / AVERAGE / ABOVE AVERAGE DW AVERAGE / AVERAGE / ABOVE AVERAGE
Assessment of elimetal dolling (piedse elicie. Beek	W AVERAGE / AVERAGE / ABOVE AVERAGE
Student's knowledge of English (where English is not	first language):
Spoken: W	/ritten:
Any further information which you think might be of	assistance:
RSIT	-DICA
I support without reservation/with reservation (delete student for the proposed elective.	as appropriate) the application from of this
Signature:	
Date:	Official Stamp of Medical School
Position:	Medical Milooi
Medical School:	
E-mail Address:	