



Application for Elective Placement - Academic Verification

To be completed by the applicant's medical school

TITLE		
SURNAME/FAMILY NAME		
FIRST/GIVEN NAME		
NAME OF MEDICAL SCHOOL		
NAME OF MEDICAL SCHOOL CONTACT		
MEDICAL SCHOOL CONTACT EMAIL		
This student is in good academic standing with no Fitness to Practice or Professionalism issues.		Yes / No
This elective placement is a requirement of their degree and the student will have completed a minimum of 12 months clinical experience prior to the start of the placement.		Yes / No
This student's first language is English.		Yes / No
OR		
This student has a suitable level of written and spoken English to complete an elective in an English-speaking country.		Yes / No

I confirm that the information given above is accurate and true:

Name of Authorised Signatory / Dean Designate (in block capitals or type): _____

Title (in block capitals or type): _____

Signature: _____

Date: _____

Medical School Stamp