



Declaration by Dean of University

Form 1b



Declaration by the Dean of Medicine (or his/her designate) of the Student's university

I certify that _____ is a registered student at _____ in a year program leading to a Medicine degree. At the time of the proposed clinical elective, the Student will be in the _____ year of academic study. He/she is expected to graduate in _____.

I have prepared a letter verifying that this Student is of good standing, including an assessment of the student's academic and clinical abilities, and an outline of his/her training while in medical school. The letter will accompany the application. I have explained personal medical indemnity insurance to the Student, and recommended that he/she has personal medical indemnity insurance coverage for the duration of the clinical elective placement.

Signature:	
Name:	
Title:	
Position:	
Telephone:	
Email:	
Date:	

School seal or stamp:

Please do not write below this line

Clinical elective confirmed: _____ Start date: _____ End: _____ Processed: _____ Init: _____