

PRINT ON UNIVERSITY'S LETTERHEAD

Date:

CONFIRMATION OF STUDENT STATUS LETTER

Full Name:

Passport No:

Current Year of Course:

Year of Course during Elective Period:

The above named is a medical student of _____,
(Name of Medical School)
and will still be a registered undergraduate medical student of the applicants University during the period of the elective attachment. The applicant's proposed elective attachments are considered suitable for undertaking at Singapore General Hospital.

_____ is a student of good standing in the University and the
(Name of Student)
University is unaware of any criminal report made in regard to him / her*. By the time of the proposed elective, the students will be in his / her* clinical years.

The University agrees / disagrees* that the above mentioned student is able to understand and converse well in English.

During the overseas elective period, the student will / will not* be covered under our University Professional Indemnity/ Malpractice Insurance. The student will also / will not* be covered under our University Health Insurance.

Signature/Date

Official School Stamp

Name/Designation

*Please delete where appropriate

To be signed off by Dean's Office or School Registrar with official school stamp