PRINT ON UNIVERSITY'S LETTERHEAD

Date:
LETTER CONFIRMING STUDENT STATUS
Full Name:
Passport No:
Current Year of Course:
Year of Course during Elective Period:
The above named is a medical student of
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

*Please delete where appropriate
To be signed off by Dean's Office or School Registrar with official school stamp