

**School of Medical Education** 

| Please attach a recent photograph. Your Medical School Seal/stamp must be placed over the photograph and onto this application form.  As Dean / appropriate representative of (insert name of Medical School)   |   | Statement             | from the Dean of student's home Medical School             |  |
|---|---|-----------------------|--|--|
| Your Medical School Seal/stamp must be placed over the photograph and onto this application form.  As Dean / appropriate representative of (insert name of Medical School)  |   |                       | 1  |  |
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| the photograph and onto this application form.  As Dean / appropriate representative of (insert name of Medical School)   |   |                       | Please attach a recent photograph.                         |  |
| I certify that the above photograph is a true likeness of:  • Full name of student:   |   |                       | ·  |  |
| I certify that the above photograph is a true likeness of:  • Full name of student:   |   |                       |  |  |
| I certify that the above photograph is a true likeness of:  • Full name of student:   | As D  | ean / appropriate rep | resentative of (insert name of Medical School)             |  |
| Full name of student:  Date of birth:  I confirm the above-named student is in good standing (Y/N)  The Medical Degree course taught in English (Y/N)  The Medical School is listed on the World Health Organisation Directory (Y/N)  The students current Year of Study:  Date the student is expected to graduate:  Name of Dean / Representatives: (print)  Role / Title:  Dean / Representatives Signature:  Date signed: |   |                       |  |  |
| Date of birth:  I confirm the above-named student is in good standing (Y/N)  The Medical Degree course taught in English (Y/N)  The Medical School is listed on the World Health Organisation Directory (Y/N)  The students current Year of Study:  Date the student is expected to graduate:  Name of Dean / Representatives: (print)  Role / Title:  Date signed:  Date signed:   |   |                       | I certify that the above photograph is a true likeness of: |  |
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| The Medical Degree course taught in English (Y/N)  The Medical School is listed on the World Health Organisation Directory (Y/N)  The students current Year of Study:  Date the student is expected to graduate:  Name of Dean / Representatives: (print)  Role / Title:  Dean / Representatives Signature:  Date signed:   | • Da  | ate of birth:         |  |  |
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| The students current Year of Study:   | The Medical Degree course taught in English (Y/N)                             |                       |  |  |
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| Date the student is expected to graduate:   |   |                       |  |  |
| Name of Dean / Representatives: (print)  Role / Title:  Dean / Representatives Signature:  Date signed:   |   |                       |  |  |
| Role / Title:  Dean / Representatives Signature:  Date signed:  | Date the student is expected to graduate:                                     |                       |  |  |
| Role / Title:  Dean / Representatives Signature:  Date signed:  |   |                       |  |  |
| Role / Title:  Dean / Representatives Signature:  Date signed:  |   |                       |  |  |
| Dean / Representatives Signature:  Date signed:   | Name of Dean / Representatives: (print)                                       |                       |  |  |
| Date signed:  | Role / Title:   |                       |  |  |
|   | Dean / Representatives Signature:   |                       |  |  |
|   | Date signed:  |                       |  |  |
| Dean's / Representatives Email address:  Please provide us with an email address should we need to contact you in an Emergency  |   |                       |  |  |
|   | Dean's / Representatives Email address:                                       |                       |  |  |
|   |   |                       |  |  |
|   |   |                       |  |  |
|   |   |                       |  |  |
|   |   |                       |  |  |
| Stamp / seal of Institute   |   |                       | Stamn / seal of Institute                                  |  |