

**Statement from the Dean of student's home Medical School**

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)

\_\_\_\_\_ I certify that the above photograph is a true likeness of:

- 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: \_\_\_\_\_

Dean's / Representatives Email address: \_\_\_\_\_

*Please provide us with an email address should we need to contact you in an Emergency*



Stamp / seal of Institute