

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

2.0)-42204 2 To m 047e th Q B The 062 Tr 564269:047e ID B 13 009 2 78102064 -86(476 2 12 (p 28 (0,04-3)3.f (Q)-8(Tal)-