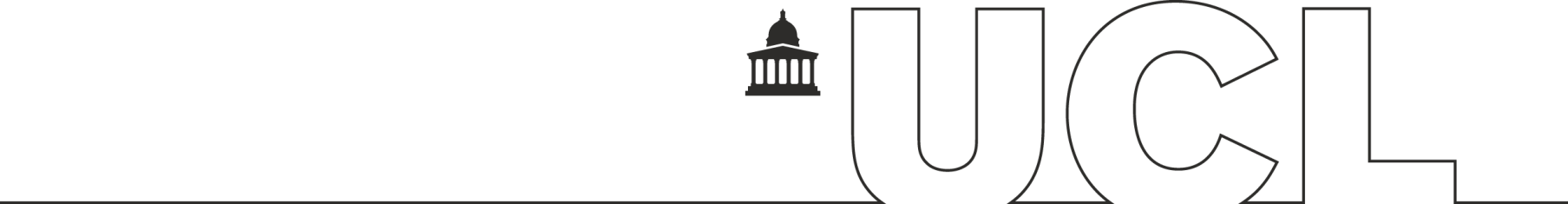
**UCL MEDICAL SCHOOL**

Application for Elective Study

Part 2 – Academic Verification

**TO BE COMPLETED BY THE STUDENT’S MEDICAL SCHOOL**

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Student Surname/Family name | Forenames | |
| Name of Medical School | | | |
| Medical School Address 1 | | Name of Medical School contact | |
| Add 2 | | Medical School contact email | |
| Add 3 | | Number of years required to complete Medical programme | |
| Add 4 | | Student’s current year of study | |
| Country | | Student’s expected date of graduation | |
| This student has approval to undertake an Elective at UCL | | | Yes/No |
| This elective is credit-bearing or otherwise fulfils a required component of their undergraduate medical degree programme | | | Yes/No |
| This student is in good academic standing with no Fitness to Practice or Professionalism issues | | | Yes/No |
| This student’s first language is English  ***OR***  This student fulfils one of UCL’s English language criteria:   * an English language test accepted by UCL and taken no more than 2 years prior to the elective placement start date * a minimum of 12 months university education in a country that UCL considers to be ‘majority English speaking’ no more than 2 years prior to the elective placement | | | Yes/No  Yes/No  Yes/No  Test:  Level: |
| This student has completed training in Universal Precautions  (use of gloves, goggles, aprons and masks)  *\*This is a requirement for clinical study at UCL Medical School and affiliated hospitals* | | | Yes/No |
| Your medical school has verified your criminal records check issued within 2 years of the elective placement start date and confirms that this student has a clear record. | | | Yes/No  Date of Check: |

**I confirm that the information given above is accurate and true:**

Name of Authorised Signatory / Dean Designate (in block capitals or type):

Title: (in block capitals or type):

Signature:

Medical School stamp

Date:

**THIS FORM IS TO BE EMAILED BY THE STUDENT TO** [**medsch.visitingelectives@ucl.ac.uk**](mailto:medsch.visitingelectives@ucl.ac.uk)

**with the following document in PDF format**

|  |  |
| --- | --- |
| Criminal Records clearance within 2 years of elective placement start date |  |
| Passport – personal details page |  |