**APPLICATION FOR TRANSFER ENTRY TO THE UNDERGRADUATE MEDICINE PROGRAMMEAT UNIVERSITY COLLEGE LONDON**

For additional information please see our website: <https://www.ucl.ac.uk/medical-school/study/undergraduate/transfers-mbbs-year-4-and-mbphd-programme>

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| **Proposed year of transfer to UCL MBBS Programme** |  |

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| **SECTION 1:** To be completed by the applicant in BLOCK CAPITALS | |
| **Surname:** | **Forenames (in full):** |
| **Title:** (Mr, Miss, Dr etc) | **Date of Birth:** |
| **Nationality:** | **Male / Female** |
| **Home Address:** | |
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| **Postcode:**  **Home Email[[1]](#footnote-1):** | |
| **Home Telephone Number:** | |
| **Term Time Address:** | |
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| **Postcode:** | |
| **Term Time Telephone Number:** **Mobile Number:** | |
| **Your current university email address:** | |
| **Proposed source of financial support:** | |
| **What is your current fee status?** Home / EU / Overseas | |
| **Are you currently registered as a medical student?** Yes / No | |

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| **SECTION 2:** Most recent secondary schools attended since age 11: | | | | | | | | | | | | |
| *From:* Month / Year | | | | *To:* Month / Year | | | | | School / College | | | |
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| **Subjects passed in GCE A Level, AS Level/ IB or equivalent:** | | | | | | | | | | | | |
| Month  / Year | Board | | Subject | | | Grade | Month  / Year | Board | | Subject | | Grade |
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| **University or College:** | | | | | | | | | | | | |
| *From:*  Month / Year | | *To:*  Month / Year | | | University / College | | | | | | | |
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| **University examination results\*:** | | | | | | | | | | | | |
| Degrees/Diplomas completed  *Applicants must state their end of year exam results and attach an academic transcript.*  *(Please include your intercalated BSc.)* | | | | | | | | | | | | |
| Degree | | | | | Classification | | | | | | | |
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| **Medical School Examinations\*:** | | | | | | | | | | | | |
| Year of programme and examination title | | | | | Grade or mark for 1st attempt (and year taken) Please include decile/quartile/ranking if applicable | | Re-sit 1 (Grade/score and year) | | | | Exceptional Resit (Grade/score and year) | |
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| \*Examination results are subject to confirmation prior to interview (please submit a transcript) | | | | | | | | | | | | |

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| **University examinations still to be taken:**  (Please include your intercalated BSc) | | | |
| Month / Year | Subject / Options / Courses  *(Include Supplementary Subjects)* | Month / Year | Subject |
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| **Personal statement**  Please outline below your reasons for wishing to transfer to UCL Medical School.  Please do include any academic and non-academic achievements.  Please write no more than 500 words | | | |
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***The closing date for receipt of applications from Colleges is 4th January in the year of intended admission***

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| **SECTION 3:** **STUDENT DECLARATION:** |
| I declare that I do **not** have any criminal convictions or police cautions and that there are no current criminal proceedings  in place against me. |
| I confirm that I understand the conditions of application and that the information which I have given in this application is complete and true.  I understand that data processing will be in accordance with the UCL and UCLMS privacy notices. |
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| **Signature of Applicant:** **Date:** |

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| **Enclosures**  *Please make sure that you enclose the following with your application:* | |
|  | Academic Reference and declaration (page 5 below)  (This may be sent separately by your medical school) |
|  | Full academic transcript  (For your medical course and any other degree that you hold) |
|  | Programme of study followed in Year 1 and 2 |

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| **SECTION 4 - CONFIDENTIAL REFERENCE - for completion by an academic tutor** | | | | | |
| **Please include information about: personal organisation, punctuality, reliability, motivation, commitment to medicine as a career, academic achievement and performance, personal qualities including interpersonal and team-working skills. Please consult others who are familiar with the student, either as tutor or mentor if necessary.** | | | | | |
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| **Signature:** | | | **Date:** | | |
| **Name of referee:**  **(BLOCK CAPITALS)** | | | **Telephone No.:** | | |
| **College Position:** | | | **Email:** | | |
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| SECTION 5 – FITNESS FOR MEDICAL PRACTICE DECLARATION | | | | | |
| *To be completed by the Dean, Programme Lead or appropriate deputy:* | | | | | |
| UCL’s MBBS is a primary medical qualification leading to provisional registration with the GMC.  For this reason, it is important that students whose health or conduct may lead them to be a risk to patients should not be allowed to graduate with a registerable degree. Please attach a confidential letter of explanation if there are concerns about a student’s health or conduct. | | | | | |
| ***I confirm/do not confirm* that I consider this student’s personal conduct, physical and mental health to be fit for admission to UCL Medical School and subsequently for practice in the medical profession.[[2]](#footnote-2)** | | | | | |
| **Conduct** | | | | | |
| *Please tick box as appropriate:* | | | | | |
|  | **The University has no record of any disciplinary action of any sort against this student.** | | | | |
|  | **Disciplinary measures have been taken against this student and details are supplied in a separate letter.** | | | | |
| **By signing this form, I confirm that this student has been granted permission to apply to transfer to UCL Medical School** | | | | | |
| **Signature:** | | | **Date:** | | |
| **Name of Referee:**  **(BLOCK CAPITALS)** | | | **Qualifications:** | | |
| **University Position:** | | | **Email or Tel. No.:** | | |
| **Address for submission of completed forms**:  MBBS Transfer Applications  Medical Student Support Office  UCL Medical School  University College London  London WC1E 6BT | |  | |  | | |

1. *Different to university e-mail address* [↑](#footnote-ref-1)
2. Please delete as necessary- please attach a confidential letter of explanation if there are concerns about a student’s health or conduct. [↑](#footnote-ref-2)