**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:**  |
|       |
| **Postcode:**  **Home Email[[1]](#footnote-1):**       |
| **Home Telephone Number:**  |
| **Term Time Address:**  |
|       |
|       **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 |
|       |       |       |
|       |       |       |
| **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 ApplicationsMedical Student Support OfficeUCL Medical SchoolUniversity College LondonLondon 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)