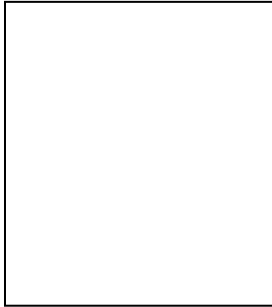


Statement from the Dean of student's home Medical School

Please attach a recent photograph.

Your Medical School Seal/stamp must be placed over the photograph and onto this application form.

As Dean of (insert name of Medical School) _____

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

- Full name of student: _____
- Date of birth: _____

The above-named student is in good standing (Y/N) _____

The Medical School is listed on the World Health Organisation Directory (Y/N) _____

Current Year of Study: _____

Date expected to graduate: _____

Dean's Signature: _____

Dean's Name: (print) _____

Dean's Email address: _____

Deans 's Title: _____

Date: _____

Seal/Stamp of Establishment



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