



CONFIRMATION OF ELECTIVE TERM

OFFICE OF THE DEAN
FACULTY OF MEDICINE

Part A must be completed by the student. Part B may be omitted if a letter from the supervisor containing all the required information is attached. Part C must be approved by the Clinical Associate Dean and Senior Associate Dean

PART A (To be completed by Student)

FAMILY NAME: _____ STUDENT ID: _____

GIVEN NAME(S) _____

ADDRESS: _____

DATE OF TERM: _____

LOCATION: _____

ADDRESS: _____

NATURE OF EXPERIENCE SOUGHT: _____

PART B (To be completed by Supervisor)

I agree to supervise and complete the report form for the above named student during the period indicated above. The term will provide the experience proposed above by the student.

NAME: _____

TITLE: _____

ADDRESS: _____

Official Stamp:

Signed: _____

Date: _____

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PART C (To be completed by the UNSW Clinical Associate Dean from student's allocated School and Senior Associate Dean)

I approve the chosen elective term.

School Name: _____

Name of Clinical Associate Dean
(see list below): _____

Signed: _____

Date: _____

<p>Current Clinical Associate Deans: Prince of Wales Clinical School – Professor Phil Crowe Rural Clinical School – Professor Louis Pilotto St George Clinical School – Associate Professor Michael Grimm St Vincent's Clinical School – Professor Alan Spigelman South Western Sydney Clinical School – Professor Jeremy Wilson</p>
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I approve the chosen elective term.

Signed:

Professor Terry Campbell
Senior Associate Dean

Date: _____