



OFFICE OF THE DEAN
FACULTY OF MEDICINE

SUPERVISOR'S ELECTIVE TERM REPORT

On the last day of the term, this form should be completed and posted directly to:

Faculty of Medicine Office
The University of New South Wales
SYDNEY NSW 2052
AUSTRALIA

STUDENT NAME: _____ STUDENT NO: _____

TERM DATES: _____

SUPERVISOR: _____

HOSPITAL/ADDRESS: _____

Please indicate your views on the student's performance in the following areas, particularly noting any problems. If necessary, please use the back of the form.

GENERAL COMPETENCE: _____

ATTITUDE: _____

ATTENDANCE: _____

FURTHER COMMENTS: _____

SIGNED (SUPERVISOR) _____ DATE _____
NAME OF SUPERVISOR
(PLEASE PRINT) _____

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RECOMMENDATION
(CLINICAL ASSOCIATE DEAN,
UNSW) _____
DATE _____