



**MACQUARIE**  
University  
SYDNEY · AUSTRALIA

## Medical Elective Form – Academic Verification

To be completed by the applicant's Medical School

TITLE		
SURNAME/ FAMILY NAME		
FIRST/ GIVEN NAME		
NAME OF MEDICAL SCHOOL		
NAME OF MEDICAL PROGRAM		
NAME OF MEDICAL SCHOOL CONTACT		
MEDICAL SCHOOL CONTACT EMAIL		
This student is in good academic standing at this institution and is approved to participate in this elective.	YES/ NO	
At the time of the proposed Inbound elective placement, this student will be enrolled as a student in the course listed above.	YES/ NO	
Name of Dean (or authorised delegate)		
Signature:	Institute Stamp:	
Date:		