

Date:

LETTER OF GOOD STANDING FOR FOREIGN VISITING STUDENT

Full Name:

Passport No:

Current Year of Course:

Year of Course during Elective Period:

The above named is a medical student of _____
(Name of Medical School)
and will still be a registered undergraduate medical student of the applicants University during the period of the elective attachment. The applicant's proposed elective attachments are considered suitable for undertaking at Yong Loo Lin School of Medicine(YLLSoM), NUS. The undergraduate medical course in our University is a _____ year course where
(Duration of Degree)
_____ is the medium of instruction.
(Language)

_____ is a student of good standing in the University and the
(Name of Student)
University is unaware of any criminal report made in regard to him / her*. By the time of the proposed elective, the students will be in his / her* clinical years.

The University agrees / disagrees* that the above mentioned student is able to understand and converse well in English.

During the overseas elective period, the student will / will not* be covered under our University Professional Indemnity Insurance for Medical Students.

Signature/Date

Official School Stamp

* Please delete where appropriate
To be signed off by Dean's Office or School Registrar with official school stamp