

# Medical Elective Authorisation Form

## Student Details

Name \_\_\_\_\_

Student Number \_\_\_\_\_

Program of Study \_\_\_\_\_

Expected Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Postal Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Country \_\_\_\_\_

## Home Institution Details

Institution Name \_\_\_\_\_

Name of Dean (or Designate) \_\_\_\_\_

Position Title \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Postal Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode: \_\_\_\_\_

Country \_\_\_\_\_

## Authorisation

This is to certify that the above student is a medical student at \_\_\_\_\_ and is of good \_\_\_\_\_ standing. This student is currently in their \_\_\_\_ year of study. Upon undertaking this elective this student will be in their \_\_\_\_ year of study.

This student is approved to complete a medical elective through The University of Queensland from

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Finish Date \_\_\_\_/\_\_\_\_/\_\_\_\_

The student has successfully completed the minimum of 1 semester of clinical immersion as per the policy of The University of Queensland. This can be evidenced from the Academic Transcript by completion of the following course/s:

Course Code: _____	Course Name: _____
Course Code: _____	Course Name: _____
Course Code: _____	Course Name: _____

\_\_\_\_\_  
 Signature of Verifying Officer

\_\_\_\_\_  
 Position

\_\_\_\_\_  
 Date

