VISITING STUDENTS ELECTIVES/OBSERVERSHIP PROGRAM

DEAN/REGISTRAR VERIFICATION FORM

Please read the attached description of our program and the student’s request.

Name of Student: _____________________________________

The above student has applied for elective rotations at Kasturba Medical College, Manipal under Manipal Academy of Higher Education, India during the dates of:

Date 1: ______________________
Date 2: ______________________

Day/month/year       day/month/year

Requested information should be filled in and /or appropriate responses checked below.

<table>
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<th>YES</th>
<th>NO</th>
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Is this student in good academic standing? □ □

Will student be covered by personal health insurance while in India? □ □

Will student be covered by malpractice or indemnity insurance? □ □

Is student fluent in English? □ □

Do you feel student is qualified for electives he/she has selected? □ □
Dean or Registrar, please complete.

Authorized by (Print name): ________________________________

Position at School:  □ Dean  □ Registrar  □ Other (Specify)

School  _______________________________________________________

Address  _______________________________________________________

Country  _______________________________________________________

Telephone  ____________________________  Fax: ____________________

E-mail  _______________________________________________________

Signature:  ____________________________  Date:  ____________________

Please attach your letter of recommendation.