



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 :

_____to _____
Day/month/year day/month/year

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

| | YES | NO |
|--|--------------------------|--------------------------|
| Is this student in good academic standing? | <input type="checkbox"/> | <input type="checkbox"/> |
| Will student be covered by personal health insurance while in India? | <input type="checkbox"/> | <input type="checkbox"/> |
| Will student be covered by malpractice or indemnity insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is student fluent in English? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you feel student is qualified for electives he/she has selected? | <input type="checkbox"/> | <input type="checkbox"/> |



KASTURBA MEDICAL COLLEGE MANIPAL

A constituent unit of MAHE, Manipal

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.