

Medical School Dean Applicant Evaluation

Applicant's Name: _____

Assessment of Applicant's Personality:

Assessment of Applicant's Academic Performance:

Applicant's English and Japanese Levels (advanced, intermediate, basic, none):

English: Written: _____ Spoken: _____

Japanese: Written: _____ Spoken: _____

I certify that the applicant has successfully completed studies in the academic areas related to and necessary for this proposed elective clinical clerkship and I support, without reservation, the above applicant's clerkship at TUFM.

Name: _____

Position: _____

Date: _____

Medical School Seal:

