Reference for HYMS Intercalated Degree BSc (Hons) Medical Science

The below candidate has applied to the Hull York Medical School for the programme shown above and has given your name as a referee. I should be grateful if you could let me have your opinion of the candidate's suitability for that degree programme as soon as possible. If you are providing a current academic reference, please confirm whether the candidate is currently in good standing with regards to fitness to practice medicine. For non-UK studies, please state the language of the entire teaching and assessment.

Please use the space provided for your reference and note that the information provided may be disclosed to the candidate at a later date. If you wish, instead to attach a separate reference letter it must be on official business letterhead, written, dated and signed within the last 3 months.

Please return the completed reference to: Richard Nicholson, Programme Officer (SSC/BSc), Hull York Medical School, University of Hull, Cottingham Road, Hull, HU6 7RX. Thank you for your assistance.

1 APPLICANT DETAILS (to be completed by the applicant)			
Applicant name		Date of Birth	
Postal/Home address			
		Postcode	

2 REFEREE DETAILS (to be completed by the referee)			
Referee name			
Address			
		Postcode	
Telephone number		Fax number	
Email			
Relationship to applicant			
Number of years you have known the applicant			

3 REFERENCE

Please continue reference on second sheet

Continuation of reference

4 REFEREE DECLARATION			
I confirm that the information given on this form is true, complete and accurate and no other material information has been omitted.			
Signature		Date	
Official Stamp			