**BDIAP Student Elective Application**

**Approval of the Dean of applicant’s Medical School/Faculty**

**NAME OF APPLICANT:**

**TO DEAN**

The above-named applicant has applied for a BDIAP Student Elective bursary. Please sign the declaration below in support of their application.

I support the application of the candidate and confirm that the student will be available during the time indicated.

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Signature

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Print Name

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Email

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Institute

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Date