

TRANSFER FORM (TR35 Form)

All 3rd year medical students must complete this form.

1. CONTACT DETAILS.

Student first name:	
Student middle names:	
Student family name:	
Date of Birth:	
Student ID number:	
<p>Please ensure your contact details are kept up to date on e:Vision. This includes your:</p> <ul style="list-style-type: none"> • home address to which the transcript will be sent after graduation • mobile contact number • personal email address (please also specify this below) 	
Personal email:	(Do not list your St Andrews University email)

2. TRANSFER INFORMATION.

Name of allocated Partner Medical School:	
<p>If you have made an independent application elsewhere, please specify:</p> <ul style="list-style-type: none"> • the name of institution and course to which you have applied • if you have received an offer or accepted an offer • any conditions of offer that apply 	

Do you intend to apply for a leave of absence ?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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Signed: _____

Date: _____