

Dean's Office Certification Form

Date: _____

This letter is to certify that _____ is a student in good standing at _____ and has completed a criminal background check at this institution and/or has no criminal violations.

This student will be in the **final year** of medical school from _____ to _____.
month/year month/year

This student is expected to graduate on _____.

This student will complete all core clerkships by the start of the elective at UNC. Core clerkships include family medicine, internal medicine, obstetrics and gynecology, pediatrics, psychiatry and surgery.

Signature: _____

Title: _____

Place OFFICIAL school seal/stamp here: