
FORM B RECOMMENDATION AND STATEMENT OF SUPPORT FROM APPLICANT'S HEAD OF DEPARTMENT

CONFIDENTIAL

Name of applicant: _____

Degree applied for: **MASTER OF CLINICAL INVESTIGATION**

To applicant's Head of Department:

The person named above is applying for admission into the Master of Clinical Investigation (MCI) programme conducted by the Yong Loo Lin School of Medicine, National University of Singapore. The School would appreciate receiving a confidential report from you on the applicant, as well as a confirmation of your institution's support for the applicant to pursue the MCI course. All information will be kept confidential.

The MCI programme is completed in 2 years, and comprises both coursework and research components. In the first year, students will complete 12 weeks of full-time coursework at NUS (6 weeks in Aug-Sep, and another 6 weeks in Jan-Feb). In the second year, there will be regular meetings and mentoring from a panel of experts, and students are expected to submit a grant proposal by 31 March of the second year.

Please send your completed report by email to Mr Tiang Won-Kit, Course Administrator (Master of Clinical Investigation) at t_wonkit@nus.edu.sg. Thank you.

1. How long have you known the applicant and in what capacity?

< 1 year

Capacity:

1-5 years

> 5 years

2. Among the staff at a similar level you have known in recent years, how would you rate the applicant?

Exceptional (highest 5%)

Average (next highest 25%)

Outstanding (next highest 5%)

Below Average (lowest 50%)

Above average (next highest 15%)

Unable to judge

3. What is your recommendation concerning admission?

The applicant has my highest recommendation

I recommend the applicant with confidence

I recommend the applicant with some reservation

I do not recommend the applicant

4. The applicant has the support of the department to incorporate research into his work.

Yes

No

5. The applicant will be given protected time to complete his/her training in MCI.

Yes

No

6. Personal report on the applicant (please comment on the applicant's talent, aspiration, track record in research and future career plan)

Name: _____

Institution & Department: _____

E-mail Address: _____ Contact Number: _____

Mailing address: _____

E-signature: _____

Date: _____