

STRICTLY
CONFIDENTIAL

O.1.

____/____/____

NATIONAL SURVEY OF HEALTH AND DEVELOPMENT
(Medical Research Council)

Name of Student: _____ Date of Birth: _____ :3:46

Home Address: _____

Course: **TYCOU01** _____ Date of Entry: September 196

HOW TO FILL IN THIS FORM:

Please give details of final qualification and the standard of work attained. Over the page there are also a few more questions. All information is entirely confidential and will be used in statistical reports only. Please comment freely.

Qualifications Achieved and Date:

QUAL01

Details of Final Examinations passed, if any:

QAT01

Present Employment, if known:

1(a) Did this student complete the course in the minimum time? **MINTIMO1**

Yes	1
No	0

1(b) (If "No")

What was the reason for this?

1(c) What action, if any, was taken?

2(a) Is this student registered for a diploma or other qualification, with you or elsewhere, next session?

ANCOU01

Yes	1
No	0

2(b) (If "Yes")

Please give details.

TYFCOU01

3. Did this student hold any society office of note? If so, please give details.

WSOCOFO1

4. Was this student's college career especially distinguished in any way? If so, please give details.

5. Comments

COMO1

Signed: _____

Medical Research Council Unit,
London School of Economics,
Houghton Street,
London, W.C.2.

Position held: _____

Date: _____