

STRICTLY
CONFIDENTIAL

R.1.

____/____/____/____

NATIONAL SURVEY OF HEALTH AND DEVELOPMENT
(Medical Research Council)

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

Home Address: _____

Degree Course: _____ Date of Entry: October 196

HOW TO FILL IN THIS FORM:

Please complete and verify the examination record. 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.

This student has already given us the following information, please verify and complete the record.

EXAMINATION RECORD			
Date	Subject	Part of Degree	Whether Successful
1st year record			NEXFAIR1
2nd year record			
3rd year record			
4th year record			

Degree Examinations (subject(s), class and full details):

Final year record	CDEGR1
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1(a) Did this student complete his course in the minimum time? MINTIMR1

Yes	1
No	0

1(b) (If "No")

What was the reason for this?

RDELR1

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

2. Has this student the ability to undertake a higher research degree (i.e. by thesis)? Please comment. Please refer this question to the department concerned if necessary.

HDEGR1

3(a) Is this student registered for a higher degree, postgraduate certificate, diploma or other qualification next session?

REGHDR1

Yes	1
No	0

3(b) (If "Yes")

Please give details.

THDEGR1

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

OFHLDR1

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

6. Comments

COMR1

Signed: _____

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

Position held: _____

Date: _____