medtech
TALENT ACCELERATOR

Confirmation of Eligibility Form

This form is to confirm the student has met the eligibility requirements for entry into the MedTech Talent Accelerator Program.

Student Full Name: _____

Supervisor Name: _____

Program of Study: _____

Estimated Month/Year of graduation:_____/_____

Supervisor confirms that the student named above will have completed all of their program requirements (coursework, research, etc.), except for writing and defense of a dissertation/thesis by

☐ April 30th, 2022 for May 1st, 2022 internship

☐ August 30th, 2022 for September 1st, 2022 internship

☐ December 31st, 2022 for January 2nd, 2023 internship

Acquire the signatures needed, and save as a pdf file

Signature of the supervisor:_____Date: _____

Signature of the student:_____Date: _____