



Special Educational Experience (SEE) – Completion Form

Following completion of the SEE this form should be completed and sent to Learner Records (records@nosm.ca).

1. Type of SEE (select one):

- a. Clinical
- b. Skills Enhancement
- c. Service Learning
- d. Research & Teaching
- e. Advocacy & Leadership

2. Student Name(s) and NOSM ID:

3. Title of Elective (if applicable):

4. SEE Start Date: _____

5. SEE End Date: _____

6. Name of Responsible Faculty Member: _____

Email _____

I certify, _____, that the named student(s) took part in this SEE.

Signature: _____ Date: _____