

Medical School Student Academic Record Form Sample

This **Medical school student academic record form sample** provides a standardized template for documenting a student's academic achievements and progress throughout their medical education. It ensures accurate and organized tracking of grades, clerkship evaluations, and examination results. Using this form facilitates efficient academic advising and eligibility verification for graduation or licensing.

Student Information

Full Name	_____	Student ID	_____
Date of Birth	____/____/____	Year of Entry	_____
Email	_____		

Academic Progress

Year	Course/Clerkship	Grade/Assessment	Credits	Remarks
Year 1	_____	_____	_____	_____
Year 2	_____	_____	_____	_____
Year 3	_____	_____	_____	_____
Year 4	_____	_____	_____	_____

USMLE/Board Examinations

Exam Name	Date Taken	Score	Pass/Fail
Step 1	____/____/____	_____	_____
Step 2 CK	____/____/____	_____	_____
Step 2 CS	____/____/____	N/A	_____

Clerkship Evaluations

Clerkship	Location	Supervisor	Evaluation/Grade	Comments
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Certification

I hereby certify that the above information is accurate and complete to the best of my knowledge.

Student Signature: _____	Date: ____/____/____
Registrar/Dean Signature: _____	Date: ____/____/____