

MCCEE STUDENT ATTESTATION FORM

This form is to be completed for an **INTERNATIONAL MEDICAL STUDENT** or a **US SCHOOL OF OSTEOPATHIC MEDICINE STUDENT** applying to the Medical Council of Canada Evaluating Examination (MCCEE).

- This form must be completed by the **DEAN** or **REGISTRAR**.
- The Dean or Registrar must confirm that the student is within twenty (20) months of completing all requirements to graduate.
- The original completed and signed form must be submitted to the MCC – a photocopy of the completed form **will not** be accepted.

**PLEASE PRINT CLEARLY
THIS IS TO CERTIFY THAT**

Student's Given Name(s) _____ Surname _____

is a medical student in good standing and within **twenty (20) months** of completing all requirements to graduate from the medical school program

at _____
Name of Medical School _____ Name of University _____

in _____
City _____ Country _____

The above-named student is fully expected to graduate and successfully complete all requirements to receive his/her final medical diploma on the date(s) indicated below.

The expected date of completion of all requirements for the medical degree is: year _____ month _____ day _____

The expected date of awarding of the diploma is: year _____ month _____ day _____

Certified by: _____
Signature of Dean or Registrar _____ Name of Dean or Registrar _____

Title: _____

Date: year _____ month _____ day _____

_____ University seal or stamp