

STUDENT ATTESTATION FORM - NAC EXAMINATION

This form is to be completed for an INTERNATIONAL MEDICAL STUDENT or a US SCHOOL OF OSTEOPATHIC MEDICINE STUDENT applying to the National Assessment Collaboration (NAC) Examination.

- This form must be completed by the **DEAN** or **REGISTRAR**.
- 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
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.	
at	
Name of Medical School	Name of University
in	
City	Country
<i>The expected date of completion of all requirements for the medical degree is:</i>	
	year _____ month _____ day _____
<i>The expected date of awarding of the diploma is:</i>	
	year _____ month _____ day _____

Certified by: _____	
Signature of Dean or Registrar	

Name of Dean or Registrar	Title
Date: year _____ month _____ day _____	
	University seal or stamp