



STUDENT ATTESTATION FORM

This form is to be completed for an **INTERNATIONAL MEDICAL STUDENT**, **US SCHOOL OF OSTEOPATHIC MEDICINE STUDENT** applying to a Medical Council of Canada (MCC) examination or to the National Assessment Collaboration (NAC) Examination.

- This form must be completed by the **DEAN** or **REGISTRAR**
- The Dean or Registrar must confirm that the student will complete all requirements for the medical degree

Submission of form by:

- The **candidate**: the <u>original</u> completed and signed form can be sent to the MCC by mail or courier **OR**
- The medical school: a copy of the completed form can be sent directly to service@mcc.ca

PLEASE PRINT CLEARLY

| THIS IS TO CERTIFY THAT | |
|--|--------------------------|
| Student's Given Name(s) | Surname |
| is in good standing and is fully expected to gradual receive his/her final medical diploma on the date(s) in | |
| atName of Medical School | Name of University |
| in | Country |
| 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 | |
| | |
| Title: | |
| Date: year month day | |
| | |
| | University seal or stamp |