



MCCQE Part I STUDENT ATTESTATION FORM

This form is to be completed for an **INTERNATIONAL MEDICAL STUDENT, US MEDICAL STUDENT, or US SCHOOL OF OSTEOPATHIC MEDICINE STUDENT** applying to the Medical Council of Canada Qualifying Examination (MCCQE) Part I.

- 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 by **MARCH 30, 2018 for the fall 2017 session**.
- 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 is fully expected to successfully complete all requirements for the medical degree by MARCH 30, 2018 (for the fall 2017 MCCQE Part I session).			
at	Name of Medical School		Name of University
in	City		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		Name of Dean or Registrar
Title:	_____		
Date:	year _____ month _____ day _____		

University seal or stamp			