

I, the undersigned (*name & Surname*) _____

Citizenship: _____

Email address: _____

Ph: _____

Participant of the International MD Program Admission test held on/ that will take place on (date)

Having received confirmation of admittance to the Associate Degree in Preclinical Sciences offered by GMU

HEREBY ACCEPT

to take part to the International Mobility Program at Gulf Medical University

and DECLARE

I have read and understood all contents of:

- The Admission Announcement to the International MD Program
- the Mobility Announcement for admission and selection to the ADPCS at GMU

Yours Faithfully,

Date:

Signature

Please send in pdf to ammissioni@univr.it