

DECLARATION

Please note that I am applying for the Bachelor of Medicine / Bachelor of Surgery program at the University of Queensland.

I, _____, of _____

make the following declaration:

I am applying for the Bachelor of Medicine / Bachelor of Surgery program at the University of Queensland.

I am applying for the Bachelor of Medicine / Bachelor of Surgery program at the University of Queensland. I am applying for the Bachelor of Medicine / Bachelor of Surgery program at the University of Queensland. I am applying for the Bachelor of Medicine / Bachelor of Surgery program at the University of Queensland.

Signature of Applicant

Date

I am applying for the Bachelor of Medicine / Bachelor of Surgery program at the University of Queensland. I am applying for the Bachelor of Medicine / Bachelor of Surgery program at the University of Queensland. I am applying for the Bachelor of Medicine / Bachelor of Surgery program at the University of Queensland.