



CATÓLICA
MEDICAL SCHOOL

LISBOA

Declaration of Commitment

Application to the Integrated Master Degree In Medicine at Católica Medical School

I, _____,
national from _____, holder of identification document nº _____ with
the application nº MIM- _____ *-2024- _____ **, do solemnly swear that the provisional
information provided at the time of the application to the Católica Medical School is true.

I additionally declare that I will submit the remaining mandatory candidacy documentation via
the Católica Medical School applications platform on the dates specified in
the application's calendar for "Submission of Documents and Final Grades".

_____/_____/_____

(Date)

(Signature)

* Please check your application number at the top left of the application portal. First space the CG or CE or MPIC.

** Second space your application number.