



CATÓLICA
MEDICAL SCHOOL

LISBOA

Statement of Commitment

Application to the Integrated Master in Medicine at Católica Medical School

I, _____ a
national of _____, holder of identification document number _____
with the application number FM-MIM 2025/ _____ *, do solemnly affirm that the provisional
information provided in my application to Católica Medical School is accurate and truthful.

Furthermore, I declare that I will submit the remaining mandatory application documentation
through the Católica Medical School applications platform by the dates specified in the application
calendar for "Submission of Documents and Final Grades".

(Applicant's Signature)

_____/_____/_____

(Date)

*Please fill in your application number after FM-MIM 2025 / (your application number here)