



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 2026/ \_\_\_\_\_ \*, 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 2026 / (your application number here)