



## ET 2019 Undergraduate EU Medical Student

Thank you for your interest in attending ET 2019! Please complete this form to upload it as part of the ET 2019 online registration process for undergraduate European medical students.

### Registrant

CIRSE ID: \_\_\_\_\_

DOB(dd/mm/yy): \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

### University/Educational Institute

Name: \_\_\_\_\_

Name of degree: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

Predicted date of graduation: \_\_\_\_\_

Department/Office Stamp:

### Confirmation by office/department:

I, (Title) \_\_\_\_\_ (First name) \_\_\_\_\_ (Last name) \_\_\_\_\_,  
as the above-mentioned applicant's (position) \_\_\_\_\_,  
confirm that they are currently enrolled as an Undergraduate European Medical Student at the  
above-mentioned university/institute, and most likely will be at the time of ET 2019 (June 26 - 29,  
2019).

Representative's signature: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for completing your ET 2019 undergraduate European medical student confirmation!  
Please have it ready to be uploaded with your CV and copy of a valid photo ID for the ET 2019  
online registration process. If you have any further queries, please feel free to contact  
[students@cirse.org](mailto:students@cirse.org).