MEMORIAL UNIVERSITY
Faculty of Medicine

Residence History—Required Document

You must complete and upload this document in your application in order to submit your application.

Name: _____

Birthdate: _____

AAMC ID: _____

Please list all places of residence **starting from birth to present** along with a reason for residence (permanent, university, travelling, other).

Town/City	Province/State	Country	Postal Code	Start Date	End Date	Due to
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