



Memorial University of Newfoundland
Postgraduate Medical Education

DECLARATION OF ADMISSION

I, _____ hereby give authorization to the Postgraduate Medical Education office and the Office of the Registrar, to use my entry application (CaRMS or PGME Inter-provincial Transfer), as an application for admission to Memorial University of Newfoundland.

I certify the information contained on my application to be complete and correct. I understand that failure to disclose information is considered to be an academic offence. I agree to abide by the rules and regulations set out by the University and affiliated hospitals. I make this application in acknowledgement that it is subject to all of the provisions of current and future University Calendars, which govern my course of study at the University, including, without restricting the generality of the foregoing, all limitations and qualifications set out therein. I hereby authorize Memorial University of Newfoundland to obtain all relevant records from any school or post-secondary institution that I have attended, and to use and release to relevant government and/or accrediting agencies, with a legitimate interest, any aggregate data pertaining to my registration.

I understand misrepresented or falsified education credential information may be shared with other post-secondary institutions.

Signature: _____

Date: _____