



CIRSE 2019 Student Programme

Student Confirmation Form

Thank you for your interest in attending CIRSE 2019! Please complete this form and upload it as part of the CIRSE 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:

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Confirmation by office/department representative:

I, (title) _____ (first name) _____ (last name) _____, as the representative's (position) _____, confirm that the above-mentioned applicant is currently enrolled as an undergraduate medical student at the above-mentioned university/institute, and most likely remain as such at the time of CIRSE 2019 (September 7–11, 2019).

Representative's signature: _____ **Date:** _____

Applicant's signature: _____ **Date:** _____

Thank you for completing your CIRSE 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 CIRSE 2019 online registration process. If you have any further queries, please feel free to contact students@cirse.org.