

**Queen's University
School of Medicine
DEPARTMENT OF NATIONAL DEFENCE CANDIDATE APPLICATION**

APPLICANT INFORMATION

Name:		
Title:	Surname:	Given Names:
Preferred Name:		
Date of Birth:	Gender:	Citizenship:
First Language:	Language Spoken:	Email:
Mailing address:		
City:	State:	Country:
Postal/ZIP Code:		
Home Address(After May 1):		
City:	State:	Country
Postal/ZIP Code:		

REFEREE INFORMATION

1. Name:	Known since:
Phone:	E-mail:
2. Name:	Known since:
Phone:	E-mail:
3. Name	Known Since
Phone:	E-mail:

APPLICANT QUESTIONS

Have you participated in an MD Degree Program in the past? Y/N	
Have you completed an MD Degree Program in the past? Y/N	
Have you deferred admissions to another MD Program? Y/N	
Have you completed a Post Graduate Degree Program Y/N	
Did you apply to Queen's School of Medicine through OMSAS in the 2017/2018 cycle Y/N	
Does the Admissions Committee have your permission to use that application information Y/N	
I certify that the personal information and accompanying documents submitted in this application as a whole to be true, complete and correct in all respects. Including my declaration of citizenship, that my autobiographical sketch and personal submissions were authored solely and entirely by me and that information within this application has been disclosed. It is my responsibility to keep Queen's University School of Medicine informed of any changes to the information in my application material and I agree to do so in writing immediately after such change occurs.	
Signature of applicant	Date