

ROYAL EMBASSY OF SAUDI ARABIA
SAUDI ARABIAN CULTURAL BUREAU
2101 Thurston Drive
OTTAWA, ONTARIO
CANADA, K1G 6C9

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



المملكة العربية السعودية
وزارة التعليم العالي
الملحقية الثقافية في كندا
٢١٠١ شارع ثرستون
أوتاوا / أونتاريو
كندا

Encl: المرفقات: **Date:** التاريخ: **Number:** الرقم:

Consent

WHEREAS, the undersigned will be taking, or have taken, the medical Council of Canada Evaluation Examination (MCCEE),

RECOGNIZING the responsibility of the Saudi Arabian Cultural Bureau (“ the Mission”) , as representative of the Saudi Arabian Ministry of Higher Education in Canada, to find me admission in Canadian University for Postgraduate study.

RELEASING the Medical Council of Canada from all liability for its acts performed under this consent,

I HEREBY AUTHORIZE The Medical Council of Canada to release to the Bureau my result from the MCCEE.

Date _____

Name: _____
(Please print clearly)

Signature: _____