



**Medical Council of Canada/
Le Conseil médical du Canada**

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**Request for Withdrawal from the
MCCQE Part I - spring 2011 session**

Fax to: 613-521-9509

MCC Candidate Code

Family Name

Given Name(s)

I hereby request to withdraw my application for the spring 2011 session of the MCC Qualifying Examination Part I. I am submitting this request for receipt by the MCC:

NO LATER THAN the spring 2011 session’s withdrawal deadline date of February 16, 2011

I understand that this withdrawal is subject to the applicable C\$212.00 administration fee. (For more information, see <http://www.mcc.ca/en/exams/qe1/withdraw.shtml>).

OR

AFTER the spring 2011 session’s withdrawal deadline date of February 16, 2011

I understand that I will forfeit the full examination fee and any late fee paid.

or

My late withdrawal is due to a circumstance beyond my control and I am requesting special consideration and a partial refund. (For more information, see <http://www.mcc.ca/en/exams/qe1/withdraw.shtml>). In this case:

I am attaching appropriate supporting documentation.

or

I will be submitting appropriate supporting documentation within two (2) weeks.

Note: The MCC will wait to receive and review your supporting documentation before withdrawing your application.

AND

I request that the reimbursed funds:

remain on my account at the MCC as I will be re-applying to the MCCQE Part I.

Signature: _____ Date: day _____ month _____ year _____

* Please allow up to 10 business days for processing of your request. A confirmation will be sent through your MCC-Online account.