



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

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Tel: (613) 521-6012 Fax: (613) 521-9509

**Request for Withdrawal from the
MCCQE Part II - 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 II. I am submitting this request for receipt by the MCC:

NO LATER THAN the spring 2011 session's withdrawal deadline date of February 23, 2011

I understand that this withdrawal is subject to the applicable C\$476 administration fee. (For more information, see <http://www.mcc.ca/en/exams/qe2/withdraw.shtml>).

I request that the reimbursed funds:

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

or

be refunded to me to the credit card account used to make the original payment.

OR

AFTER the spring 2011 session's withdrawal deadline date of February 23, 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/qe2/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.

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.