



MEDICAL COUNCIL OF CANADA LE CONSEIL MÉDICAL DU CANADA

**COURIER DELIVERY**  
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PO Box 8234, Station T  
Ottawa, ON CANADA K1G 3H7

## REQUEST FOR WITHDRAWAL FROM THE MCCQE PART II SPRING 2012 SESSION

### MCC Candidate Code:

Family Name

Given Name(s)

I hereby request to withdraw my application for the spring 2012 session of the MCC Qualifying Examination Part II. I am submitting this request for receipt by the MCC:

**NO LATER THAN the spring 2012 session's withdrawal deadline date of February 23, 2012**

I understand that this withdrawal is subject to the applicable C\$486 administration fee. For more information, see <http://www.mcc.ca/en/exams/qe2/withdraw.shtml>

**OR**

**AFTER the spring 2012 session's withdrawal deadline date of February 23, 2012**

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 weeks.

**AND**

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.

Signature

Date (yyyy/mm/dd)

**Please allow up to 10 business days to process your request.  
A confirmation message will be sent to your MCC-Online account.**