

To be printed on the letterhead of the higher education institution the registrant is attending or the competent authority of the country or region

The higher education institution the registrant is attending

XXX University
Student Status Certificate

Personal data of the registrant, e.g. student name

Enrolment
status

This is to certify that XXX, who was born on 1 January 19xx, has been studying the Bachelor of Clinical Medicine course at the School of Medicine of XXX University since September 2024. The normal minimum years of study for the course is 6 years.

Name of the
course of study

Normal minimum years
of study for the course
(Not the expected year of
graduation)

The academic
year the
registrant first
enrolled on the
course

Seal or signature of the
person-in-charge

XXX University
(Seal of the institution/ signature of the person-in-charge)
XX/XX/20XX

Issue date

Note: If some information cannot be shown in the student status certificate (such as the normal minimum years of study for the course), it can be submitted in supplementary documents.