Weill Cornell Medicine-Qatar

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MEDICAL SCHOOL

CREDENTIALING REQUEST FORM

(Last Name while enrolled at WCM-Q) First Name Middle Name

Address

Phone Email Address

Date of Birth (mm/dd/yyyy) Year of Graduation / Expected year of Graduation

Live Signature (Electronic Signatures NOT accepted)

- ☐ License application
- ☐ Letter of Enrollment:
  - ☐ English ☐ Arabic ☐ QF Stamp
- ☐ Attendance / Graduation Verification
- ☐ Certified Diplomas ____
- ☐ Other (Please specify): ______________________
- ☐ Official transcript
- ☐ Unofficial transcript
- ☐ Dean's letter / MSPE

METHODS OF FULFILLMENT:

- ☐ PLEASE FAX TO: ______ ______________
- ☐ I WILL PICK –UP DOCUMENTS
- ☐ PLEASE MAIL DOCUMENT TO THE FOLLOWING ADDRESS: If you have more than one address, please attach another page, with typed address.

For Official Use Only

Date Received : ______________ ***Date Processed:*** ______________