



THE UNIVERSITY OF
NOTRE DAME
A U S T R A L I A

SCHOOL OF MEDICINE, FREMANTLE

Doctor of Medicine

Fitness to Practise Policy Declaration

I, (full name)

Student ID

declare that I have read, understood and agree to comply with the School of Medicine, Fremantle's Fitness to Practise Policy for the duration of the Doctor of Medicine program.

Date (dd/mm/yyyy)

Has not been actioned

