

School of Medicine

Equity-Deserving Admissions Pathway Verification of Eligibility Self-Attestation Form



Applicants who choose to apply through the Equity-Deserving Admissions Pathway (EDAP) must submit supporting documentation to verify their eligibility for the pathway. The School of Medicine recognizes that in some cases a supporting document to verify eligibility will not be appropriate or available. In such cases, applicants may elect to use this self-attestation letter template as their supporting document.

By signing and submitting this letter, I confirm that I understand all of the following:

- 1. It is my choice to apply to the TMU School of Medicine's MD Program through the Equity-Deserving Admissions Pathway (EDAP).
- 2. I understand that all applicants to this pathway are asked to select from a list which equity-deserving group(s) represent their identity, and then are asked to submit supporting documentation to verify any ONE of those categories.
- 3. In my specific case there is no document that is appropriate or available to verify any one of those categories and as a result I am electing to provide this signed attestation letter as my supporting documentation, in lieu of any other documentation.
- 4. Toronto Metropolitan University reserves the right to determine the veracity of any and all statements and documentation in my MD Program application.
- 5. If any of my MD Program application information/documentation is discovered to be false, misleading, concealed, withheld, or fraudulent, my application will be disqualified. If this is discovered after an offer of admission has been extended to me, my offer of admission will be revoked. If this is discovered after I have been registered into the MD program, I may be required to withdraw from the MD program.
- Toronto Metropolitan University may, at its discretion, refuse to accept future applications from me if any of my MD Program application information is discovered to be false, misleading, concealed, withheld, or fraudulent.

Full Name (Please Type or Print)	Signature	Date