

# ET 2026 Undergraduate Medical Student Confirmation Form

Thank you for your interest in attending ET 2026! Please complete this form to upload it as part of the ET 2026 online registration process for undergraduate medical students.

## Registrant

CIRSE ID: \_\_\_\_\_ Date of Birth (dd/mm/yy): \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

## University/Educational Institute

Name: \_\_\_\_\_

Name of degree: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

Predicted date of graduation: \_\_\_\_\_

## Department/Office Stamp

*(If your institute does not have a stamp, kindly have your below representative email us at [registration@cirse.org](mailto:registration@cirse.org)):*

## Confirmation by office/department:

I, (Title) \_\_\_\_\_ (First name) \_\_\_\_\_ (Last name) \_\_\_\_\_,

as the applicant's supervisor in the position of \_\_\_\_\_,  
confirm that they are an **undergraduate medical student** at the above-mentioned  
university/institute, at the time of ET 2026 (June 17-20, 2026).

Representative's signature: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

One page CV (in English)

Thank you for completing your ET 2026 undergraduate medical student confirmation!  
Please have it ready to be uploaded along **with a scan of your passport** for the ET 2026  
online registration process. If you have any further queries, please to contact  
[registration@cirse.org](mailto:registration@cirse.org).