**School Letterhead**

[*Date*]

[*Adress*]

Attn: MICCAI 2017 Registration desk

 Quebec City, QC

 registration@miccai2017.org

I,\_\_[*Name of Dean/Registrar/Program Director/Supervisor*] \_\_\_, hereby certify that \_\_[*Name of Student*]\_\_ is currently enrolled as a full time student in \_\_[*Name of* *Program*]\_\_ at the \_\_[*Name of School*]\_\_. \_[*Name of Student*]\_\_’s anticipated graduation date is \_\_[*Student’s Expected Date of Graduation*].

If you have any questions or need additional information, please contact me at [*Dean/Registrar/Program Director/Director’s email address and/or phone number*].

Sincerely,

[Signature]

[*Signature Block with Contact Information*]