

UNDERTAKING FOR THE NATIONAL MEDICAL ADMISSION TEST (NMAT)

THE ADMISSIONS COMMITTEE
UERM COLLEGE OF MEDICINE
UERM Memorial Medical Center
Quezon City

This is to certify that I, _____
Last Name *Given Name* *Middle Name*
fully understand that it is the policy of the UERM College of Medicine to accept applications from applicants who meet the NMAT percentile score.

I am respectfully requesting that my application be accepted on the condition that I will take the NMAT examination on _____
NMAT Examination Date

because:

Please check which is applicable.

- My current NMAT percentile score does not meet the UERM cut-off score
 I have yet to take the NMAT on

I fully understand that my acceptance as a Freshman to the UERM College of Medicine for the **School Year 2025-2026** will depend on my submission of all required documents, which include a valid NMAT percentile score that meets the cut-off score of this University.

I further agree that this Undertaking is valid only until **March 28, 2025 (Friday)**. Therefore, I must provide a valid NMAT percentile score to the Admissions Office by this date.

Date Signed

Signature Over Printed Name of Applicant