# McGill ID\_\_\_\_\_\_\_\_\_\_

# LIST OF VERIFIERS

Please list verifiers that correspond to the entries on the CV. Applicants must obtain verifiers’ consent to be contacted by McGill University for the purposes of the Faculty of Medicine’s admissions process.

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| --- | --- | --- | --- |
| Organization/Institution | Name of Person, Title orOffice/Department (if no individual) | Daytime phone number | E-mail address or website |
| Ronald McDonald House | Jeanne Dhé, Supervisor | 123-456-7899 | jeanne.dhe@rmcdonaldhouse.ca |
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#### < END OF VERL > Do not delete this line. This line must not surpass the first page (END OF PAGE 1).