**STATEMENT ON FINANCIAL CAPABILITY**

**(of parents, applicants, institutions) required for funding the Medical Studies in English at University of Mostar, School of Medicine.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an applicant for enrolling in Medical Studies in English, at the University of Mostar, School of Medicine in academic year 20\_\_. /20\_\_. declare that (circle the following);

1. I will finance six-year Medical Studies in English by myself.

2. The six-year Medical Studies in English, will be financed by my parent/s:

Parent/s name and surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. The six-year Medical Studies in English will be financed by the following institution (name and country):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_