**DECLARATIONS**

I hereby declare under penal and material responsibility that I am psychophysically fit for attending the course of medical studies at the School of Medicine University of Mostar and that I have no history of mental illnesses or conditions that might impair my normal functioning as a student or medical doctor. If you have any special conditions please list them here and provide adequate documentation:

* Such listing will not negatively impact your application, but is necessary for organizational purposes. No additional requests based on student’s condition will be allowed during academic year.
* I hereby declare that I have financial capacity to cover tuition fee and other expenses during studying period. 
* I certify that the information submitted in these application materials is complete and accurate.

**SIGNATURE:**

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**DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**