STATEMENT ON FINANCIAL CAPABILITY

(of parents, candidates, institutions)

necessary for funding the study

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a candidate for enrolling Medical Studies in English language at the School of Medicine at the University of Mostar in academic year 2024/2025, declare that I am financially capable of financing a six-year Medical Studies in English language.

Circle the following:

1. I will finance six-year Medical Studies in English language alone.

2. The six-year Medical studies in English language will be financed by my parent (s) or other relatives (give the exact name and surname) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. The six-year Medical Studies in English language will be financed by the institution (specify the exact name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place and date, \_\_\_\_\_\_\_\_\_\_\_\_\_\_2024. Signature,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_