

STATEMENT OF FINANCIAL SUPPORT

To be completed by guardian, family member or sponsor(s).

Hereby I/ we _____ certify that I/we have adequate financial resources to finance the study at the University of Rijeka, Faculty of Medicine on the University Integrated Undergraduate and Graduate Study of Medicine in English language for the applicant _____.

In _____, on _____

Signature (guardian, family member or sponsor)

IZJAVA O FINANCIJSKOJ POTPORI

Ispunjava skrbnik, član obitelji ili sponsor (i).

Ovim putem ja/mi _____ potvrđujem/
potvrđujemo da imam/imamo potrebna financijska sredstva za financiranje studija pri Sveučilištu u Rijeci, Medicinski fakultet na Sveučilišnom integriranom prijediplomskom i diplomskom studiju Medicine na engleskom jeziku za studenta/icu _____.

U _____, dana _____

Potpis (skrbnik, član obitelji ili sponsor)