Metropolitan University College of Medicine (MUCM) Financial Support Form

Student Information

- Full Name: _____
- Date of Birth: _____
- Email Address: _____
- Phone Number: _____

Tuition Payment Information

Please refer to the MUCM brochure or website for tuition details. Who will pay the tuition? (please select one)

- I will pay the tuition myself.
- A parent, relative, or friend will pay the tuition.
- I will split the tuition cost between myself and a parent/relative/friend.

Required Documentation

If You Are Paying Tuition Yourself:

Please provide:

1. Your last three months of bank statements showing proof of sufficient funds.

If Someone Else Is Paying Tuition:

Please provide:

1. A signed letter from the payer stating they will cover your tuition. The letter must include:
    - Full Name of Payer
    - Email Address
    - Phone Number
2. The payer's last three months of bank statements showing proof of sufficient funds.

If You Are Splitting Tuition Costs with Someone Else:

Please provide:

1. Your last three months of bank statements showing proof of sufficient funds for your portion of the tuition.
2. A signed letter from the other payer stating they will cover their portion of your tuition. The letter must include:
    - Full Name of Payer
    - Email Address
    - Phone Number
3. The other payer's last three months of bank statements showing proof of sufficient funds for their portion of the tuition.

Certification:

I certify that the information provided above is accurate and complete to the best of my knowledge.

Student full name: _____

Sponsor's full name: _____

Signature: _____

Date: _____