

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 Dental Medicine on the University integrated undergraduate and graduate study of Dental Medicine in English language for the applicant _____.

In _____, on _____

Signature (guardian, family member or sponsor)

IZJAVA O FINANCIJSKOJ POTPORI

Ispunjava skrbnik, član obitelji ili sponzor(i).

Ovim putem ja/mi _____ potvrđujem/
potvrđujemo da imam/imamo potrebna financijska sredstva za financiranje studija pri
Sveučilištu u Rijeci, Fakultet dentalne medicine na Sveučilišnom prijediplomskom i
diplomskom studiju Dentalna medicina na engleskom jeziku za studenta/icu
_____.

U _____, dana _____

Potpis (skrbnik, član obitelji ili sponzor)