



# University of East-West Medicine

595 Lawrence Expy, Sunnyvale, California 94085  
Tel: (408) 738-8889 Fax: (408) 636-7705  
Email: admissions@uewm.edu Web site: www.uewm.edu

## FINANCIAL CERTIFICATION (Foreign applicants only)

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Student's Name \_\_\_\_\_ SSN (or ID#) \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Foreign Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

.....

**Please check the box that applies to you and provide the appropriate information.**

**Student Certification (The student is responsible for paying fees.)**

I fully understand the costs of tuition and fees and the payment policy of the University of East-West Medicine. I hereby certify that these funds are available to me, the student named above, and that I will be responsible in the event of default.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Sponsor Certification (The student has a sponsor who is responsible for paying fees.)**

I fully understand the costs of tuition and fees and the payment policy of the University of East-West Medicine. I hereby certify that these funds are available to the student named above, and that I will be responsible in the event of default.

Sponsor's Name (Print) \_\_\_\_\_

Sponsor's relationship to student \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Financial Certification