

**STATEMENT OF WILLINGNESS TO PAY THE TUITION FEE
DOUBLE DEGREE PROGRAM– MEDICINE
UNIVERSITAS AIRLANGGA & MELBOURNE UNIVERSITY**

I the undersigned below:

Name	:	
Place and Date of Birth	:	
Address	:	
Phone Number	:	

Hereby, I declare that if admitted as a student to Universitas Airlangga, I am willing to pay the tuition fee for Double Degree at Melbourne University as stated in a Rector's Decree of Universitas Airlangga¹. The tuition fee that I am willing to pay is:

Rp (IDR) _____

In words _____

On conditions as follows:

1. The minimum payment is 75% of the total tuition fee when registering as a new student
2. All payments (including the admission, tuition, and application fees) are nonrefundable.
3. This letter is written with the acknowledgement and consent of my parents/guardians. I am fully responsible and liable for paying the tuition fee as declared in this letter.

Parent/guardian's signature

.....2024
Applicant's signature

Materai Rp. 10.000

Full name:

Full name:

¹ Admission Fee (Iuran Pengembangan Institusi)

² The amount of the admission fee for each study programme can be found on iup.unair.ac.id.