

Appendix 4: Guarantee of Financial Support for Admission 2025-2026 Kaohsiung Medical University (KMU)

I,		(name	of th	ne guar	antor),	atta	ch m	y perso	nal	bank
statement	and	certify	that	Ι	will	suppo	rt	all	expen	ses	for
		(appli	icant's	nar	ne) to	study	at	Kao	hsiung	Me	dical
University.	I will	be respon	sible f	or th	ne cons	equence	es if	the	applica	nt ca	annot
afford the tuition and living expenses in Taiwan.											
Name of Gu	uaranto	r:				_					
Relationshi							_				
Phone num	ber:										
Email:											
Guarantor's											
Date (YYY	Y/MM	/DD):			Pl	ace:					