

## 附件四:財力擔保函

(不另提供中文表格)

## **Guarantee of Financial Support for Admission 2025-2026 Kaohsiung Medical University (KMU)**

| I,  |         | (          | name    | of th | ie guara | antor),                               | atta  | ch m | y perso | nal l | oank  |
|---|---------|------------|---------|-------|----------|---------------------------------------|-------|------|---------|-------|-------|
| statement   | and     | certify    | that    | I     | will     | suppor                                | rt    | all  | expen   | ses   | for   |
|   |         | (appli     | icant's | nan   | ne) to   | study                                 | at    | Kao  | hsiung  | Med   | dical |
| University.                                       | I will  | be respon  | sible f | or th | ne cons  | equence                               | es if | the  | applica | nt ca | nnot  |
| afford the tuition and living expenses in Taiwan. |         |            |         |       |          |                                       |       |      |         |       |       |
|   |         |            |         |       |          |                                       |       |      |         |       |       |
|   |         |            |         |       |          |                                       |       |      |         |       |       |
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|   |         |            |         |       |          |                                       |       |      |         |       |       |
|   |         |            |         |       |          |                                       |       |      |         |       |       |
| Name of G   | uaranto | r:         |         |       |          | -                                     |       |      |         |       |       |
| Relationshi                                       | p with  | the applic | ant:    |       |          |                                       | _     |      |         |       |       |
| Phone num   | ber:    |            |         |       |          | <del></del>                           |       |      |         |       |       |
| Email:  |         |            |         |       |          |                                       |       |      |         |       |       |
| Guarantor's                                       |         |            |         |       |          | · · · · · · · · · · · · · · · · · · · |       |      |         |       |       |
| Date (YYY   | Y/MM    | /DD):      |         |       | Pla      | ace:                                  |       |      |         |       |       |