



**HEIDELBERG
UNIVERSITY
HOSPITAL**



Heidelberg University Hospital | Im Neuenheimer Feld 672 | 69120 Heidelberg

Declaration of Financial Responsibility

I hereby acknowledge that I, _____, have resources
(surname, first name)

available to meet the tuition fees, room and board, the semester fee, and health insurance expenses. The tuition fee for the one-year full-time programme is **€14.100**. This fee includes the Core Course, the Advanced Modules and the Thesis. Please note that this amount does not include housing and living expenses (for which you should add approx. €850 - 900 monthly), the semester fee or health insurance.

In case of admission, all students have to make a non-refundable advanced payment of €1000 by the **1st of July**.

Full-time students will then have to pay the remainder of the tuition fees in two instalments of €6.050 (due on the **1st of August**) and €7.050 (due on the **1st of December**).

Part-time students need to pay the first instalment of €3.000 by the **1st of August**, with separate payments for our Short Courses, Thesis and Oral Exam.

Source(s) of Funds (tick all that apply)

- Myself
- Family or Individual Sponsors
- Employer
- Government or other Sponsoring Agencies (other than DAAD EPOS)
- Other: _____

Place, Date

Signature