

STATEMENT OF WILLINGNESS TO PAY THE ADMISSION FEE (UKA)¹
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 admission fee (UKA) for Double Degree Program - Medicine as stated in a Rector's Decree of Universitas Airlangga¹.

The admission fee that I am willing to pay is:

Rp (IDR)

In words

.....

On conditions as follows:

1. The admission fee (UKA) will be paid in total amount when registering as a new student
2. All payments (including the admission, tuition, and application fees) are non-refundable.
3. This letter is written with the acknowledgement and consent of my parents/guardians. I am fully responsible and liable for paying the admission fee as declared in this letter.

.....20..

Parent/guardian's signature

Applicant's signature

Materai Rp. 10.000

Full name:

Full name:

¹ The amount of admission fee (UKA) for the Double Degree Program is available at ppmb.unair.ac.id.