

INTERNATIONAL FINANCIAL SUPPORT FOR THE DOCTOR OF MEDICINE PROGRAM GUIDELINES

The University understands that the Doctor of Medicine program requires substantial resources. We offer this worksheet as a personal budgeting resource. In the best interest of the student, a comprehensive financial plan is necessary in order to determine whether you have the resources necessary to complete your intended program of study. Please consider the costs associated with your intended program of study by reviewing the estimated Cost of Attendance (COA) sections below. Please note that students should not expect to support themselves through employment while attending the University.

2022/2023 ESTIMATED COST OF ATTENDANCE (COA)

Tuition and Fees*

The figures listed below outline the billed expenses that all students are expected to incur throughout their Program of study. Students should review these figures carefully when determining their financial plan. Listed rates are for the Grenada campus.

Preclinical Phase	Preclinical per year	MD Program	MD Term 1	MD Term 2	MD Term 3/4	MD Term 5	1 Clinical Term	5 Clinical Terms
Tuition	\$38,200	Tuition	\$28,305	\$28,305	\$38,922	\$31,871	\$30,730	\$153,650
Fees	\$0	Fees	\$5,818	\$5,818	\$7,665	\$5,818	\$4,783	\$23,915
		Malpractice (Clinical Terms)					\$360	\$1,800
		Graduation Fee						\$835
		Total	\$34,123	\$34,123	\$46,678	\$37,689		\$180,223
TOTAL PRECLIN PHASE TUITION PER YEAR	\$38,200						TOTAL MD*	\$332,836

*Figures based on 2022-2023 rates and are subject to change. Historically, rates have increased 4% per year and students are expected to plan accordingly. For current tuition rates please visit our [SGU](#) webpage. All figures in US dollars

Additional Estimated Annual Living Expenses**

It is suggested that students review the remaining items in the cost of attendance below in order to assess their ability to fund their entire education. Living and travel expenses will vary amongst each individual's country of origin and lifestyle choices, however it is important to understand additional costs that may be incurred and plan for these expenses if needed.

Preclinical Phase	Preclinical per year	MD Program	MD Term 1	MD Term 2	MD Term 3/4	MD Term 5	1 Clinical Term	5 Clinical Terms
Living expenses :		Living expenses :						
Housing	\$8,744	Housing	\$6,852	\$6,852	\$9,162	\$6,852	\$7,192	\$35,960
Board (Meals)	\$3,136	Board (Meals)	\$1,666	\$1,764	\$2,352	\$1,764	\$1,360	\$6,800
Miscellaneous (costs -such as non-food items or clothing)	\$6,208	Miscellaneous	\$3,298	\$3,492	\$4,656	\$3,492	\$3,104	\$15,520
Books	\$304	Books	\$2,533	\$536	\$953	\$415	\$100	\$500
Transportation	\$3,424	Transportation	\$1,712	\$1,712	\$1,712	\$1,712	\$1,712	\$8,560
Air Evacuation	\$195	Air Evacuation	\$195	\$0	\$195	\$0	\$0	\$0
Medical Insurance***	\$3,809	Medical Insurance***	\$3,809	\$0	\$3,809	\$0	\$3,809	\$7,618
		Total	\$20,065	\$14,356	\$22,839	\$14,235		\$74,958
TOTAL LIVING EXPENSES PRECLIN PHASE	\$25,820						Est. total living expenses MD Program	\$146,453

**Figures based on 2022-2023 estimated living expense. The cost of living may increase every year and students are expected to plan accordingly. All figures in US dollars

***Health Insurance rates assume entry into August terms, prorated rates available for entry into all other terms

As of 5/10/2022

For assistance with filling out the Confidential Financial Statement, please refer to the instructions on the page below.

Tips for Completing your Confidential Financial Statement

- When providing financial information, please be sure to convert all figures to U.S. Dollars (USD).
- Financial Income
 - Provide income from all sources including income from outside your home country
- Asset Information: Student & Parent
 - Please be sure to include the market value of business if applicable as well as value of all properties owned
 - List assets from all countries
- Expected Support for Educational Expenses:
 - In this section, you should include a breakdown of how much money you have from the individual sources to be applied toward your tuition, fees and various living expenses
 - Do not include:
 - gov't loans and grants
 - pending or approved bank loans
 - We cannot accept your CFS if you leave this section blank or enter zeroes in each category. Students are expected to contribute some of their personal funding to their educational expenses.

INTERNATIONAL CONFIDENTIAL FINANCIAL STATEMENT

St. George's University School of Medicine

The Confidential Financial Statement (CFS) is designed to gather information from international students who are applying for assistance from SGU. Students are accepted based on their academic profile; Information provided on the CFS will not be considered in the Admissions decision. The CFS is designed to gather information from international students who are applying for assistance from SGU. SGU can only consider applications for assistance prior to enrollment in the preclinical program.

Please complete each section of the Financial Statement and submit to admissions@sgu.edu

It is important to complete all sections and indicate N/A in any sections that do not apply

Include your Student Id with all correspondences

Student Information				
Last Name		First Name		Student ID (A0#)
Province		When do you expect to begin your studies at SGU?		
Your Permanent Address				
Your Mailing Address				
All Country(ies) in which you maintain Citizenship				
All Country(ies) in which you maintain Permanent Residence				
Student's Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Domestic Partnership <input type="checkbox"/>	
Parental Information				
What is your parent's current marital status?				
Parent's Name		Parent's Name		
Address		Address		
Occupation/Title		Occupation/Title		
Employed <input type="checkbox"/>	Self Employed <input type="checkbox"/>	Retired <input type="checkbox"/>	Employed <input type="checkbox"/>	Self Employed <input type="checkbox"/>
How many people, including yourself, are dependent on your parents' financial support for assistance in areas such as education, living expenses, etc.?				
Members in Household				
Full name of family member	Age	Relationship to you	Year in school	Amount of parental support per year (USD\$)
				\$
				\$
				\$
				\$
				\$
				\$
Financial Information from all countries: Please list in U.S. Dollars (USD\$)				
Documentation may be required upon request.				
During the prior calendar year, how much household income (before taxes or expenses) came from the following sources:				
Student/Spouse Income		Parent's Income		
Student's wages	\$	Father's wages	\$	
Spouse's wages	\$	Mother's wages	\$	
Interest & Dividend Income	\$	Interest & Dividend Income	\$	
Income from Business	\$	Income from Business	\$	
Income from Rental Property	\$	Income from Rental Property	\$	
Pension/Annuity/Retirement	\$	Pension/Annuity/Retirement	\$	
Other Income	\$	Other Income	\$	
Will there be a significant increase or decrease in yours or your family's income next year?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please explain:				

Asset Information - Student & Spouse: Please list assets from all countries in U.S. Dollars (USD\$)

Do you and/or your spouse own your own home?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you and/or your spouse own a business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current Market Value of Home	\$	Market Value of Business	\$
Outstanding Mortgage	\$	Type of Business	
Savings	\$	Investments (such as stocks and bonds)	\$
Market Value of other real estate (other than home)*	\$	Please describe (ex. land, vacation home, rental property)*	

Asset Information - Parental: Please list assets from all countries in U.S. Dollars (USD\$)

Does your family own their home?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Does your family own a business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current Market Value of Home	\$	Market Value of Business	\$
Outstanding Mortgage	\$	Type of Business	
Savings	\$	Investments (such as stocks and bonds)	\$
Market Value of other real estate (Do not include primary residence)*	\$	Please describe (ex. land, vacation home, rental property)*	

Expected Support from all Sources for Tuition, Fees, and Living Expenses: Do not include government funding or bank loans. Please list in U.S. Dollars (USD\$)

as applicable	Preclinical Year 1	Preclinical Year 2*	Preclinical Year 3*	MD Year 1	MD Year 2	MD Year 3	MD Year 4
Student's Savings / Assets	\$	\$	\$	\$	\$	\$	\$
Family Income	\$	\$	\$	\$	\$	\$	\$
Family Assets	\$	\$	\$	\$	\$	\$	\$
Relatives and Friends	\$	\$	\$	\$	\$	\$	\$
Private Scholarships (non SGU)	\$	\$	\$	\$	\$	\$	\$
Private Sponsor	\$	\$	\$	\$	\$	\$	\$
Other: Please explain below	\$	\$	\$	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$	\$	\$	\$

Private Loans / Agency / Government Funding: Please list in U.S. Dollars (USD\$)

Most students utilize a Private Loan from a bank to assist with their total educational expenses

Will you need a bank loan	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you applied	Yes <input type="checkbox"/> No <input type="checkbox"/>	What is the date of application	
What bank did you apply at					
Current status	Pending <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Have you received written confirmation of approval	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Requested Amount	\$	Approved Amount	\$		
If denied, please explain the reason for denial					

Government Funding

Have you applied for agency/government funding	Yes <input type="checkbox"/> No <input type="checkbox"/>	What is your loan / grant award	
--	--	---------------------------------	--

Please use this section to explain special circumstances or to provide us with any other information that would be helpful in evaluating you for scholarship/financial assistance.

I understand the following:

I understand that I may need to provide supporting documentation.
 I have included all sources of personal funding and parental resources in the expected support section of my CFS.
 I have included all resources/contributions (personal or parental) from other countries if applicable.
 Government funding and bank loan amounts are not included in the expected support section.
 I have converted all figures to USD\$.
 I have included all special circumstances that apply to my financial plan.

I hereby certify that the information I have provided is accurate and complete to the best of my knowledge.

Signature of Student

DATE _____

Signature of Spouse

Name of Spouse (printed)

DATE _____

Signature of Parent

Name of Parent (printed)

DATE _____