



International Student Financial Agreement

I, (full name), son/daughter of (father's name), born on (date of birth: Month/Day/Year), in (place of birth: city, country), holding passport number, a student of (field of study) at Shahid Sadoughi University of Medical Sciences, hereby declare that I have read the following terms and conditions carefully and acknowledge my understanding and acceptance by signing below.

I FULLY UNDERSTAND AND AGREE TO THE FOLLOWING TERMS AND CONDITIONS:

A) Payment of Tuition, Fees, and Services Rendered

1. I acknowledge that by registering for courses and/or receiving services from Shahid Sadoughi University of Medical Sciences, I assume full responsibility for payment of all tuition, fees, and associated costs as assessed by the university by the scheduled due date. These obligations may not be dischargeable in bankruptcy and include, but are not limited to, tuition, accommodation fees, health insurance, food expenses, Persian language classes, penalties for violations of the student code of conduct, residence hall penalties, late fees, and other special charges. I also accept full responsibility for reimbursing the university for any damage to university property caused by my actions.
2. I understand and agree that the tuition and other fees are subject to change. Should these fees increase following approval by the university's board of trustees, I agree to pay the revised amounts, including those for accommodation, insurance, language classes, and any other expenses.

B) Effect of Withdrawal/Dropping Classes on Financial Responsibility

1. I understand that if I choose to withdraw from my course before enrollment or within the first three weeks of the start date (first semester), the university will retain any deposit paid to cover reasonable costs arising from my withdrawal, except under exceptional circumstances.
2. I acknowledge that if I drop or withdraw from some or all of my registered courses after the university's established deadline, I am still responsible for paying all or part of the tuition and associated costs in accordance with the university's published tuition adjustment schedule effective at the time of withdrawal.
3. I understand that non-attendance in classes or non-receipt of a bill does not relieve me of my financial obligations to Shahid Sadoughi University. I am responsible for formally withdrawing from courses in accordance with university procedures.
4. Shahid Sadoughi University reserves the right to retain any deposit to cover reasonable costs in the event of my withdrawal.
5. Should I completely withdraw from the university for any reason, I accept full financial responsibility for all outstanding charges on my student account, including tuition, fees, accommodation, library fines, dining plans, and any other charges for previous semesters, as well as 50% of the tuition fees for all remaining semesters. Special cases may be decided by the board of trustees (BOT).

C) Delinquent Accounts and Collections

1. **Financial Hold:** If I fail to pay my student account or any other monies owed to Shahid Sadoughi University by the due date, the university may place a financial hold on my account. This hold will prevent me from registering for future classes, viewing grades via the education system, requesting transcripts, and/or receiving my degree.



- Late Payment Charges:** If I fail to pay my student account bill or any other amounts due and owing from me to the University by their scheduled due dates, the university will assess a late payment fee, which I agree to pay.
- Collection Fees:** If I fail to pay my student account bill or any other amounts due and owing from me to the International Campus of Shahid Sadoughi University by their scheduled due dates, I agree to be responsible for paying all reasonable costs that the university may incur in connection with the collection of my account, including but not limited to reasonable attorneys' fees, court costs and/or fees paid to a collection agency.

D) Communication

- Method of Communication:** Shahid Sadoughi University will use Short Message Service (SMS), official emails, and letters as its authorized methods of communication with students. I am responsible for activating and maintaining an official email account and a valid phone number upon admission. Failure to activate an official email does not exempt me from financial obligations. I am responsible for regularly checking messages and emails from the university, even when classes are not in session.

E) Updating Contact Information

- I am responsible for ensuring that Shahid Sadoughi University has my current physical address, email address, phone number, and other relevant contact details. If any of this information changes, I will promptly notify the university. Upon leaving the university, it is my responsibility to provide updated contact information for ongoing communication regarding any outstanding financial obligations.

CAUTION: PLEASE READ BEFORE SIGNING.

This agreement is executed in both Farsi and English, with both versions holding equal legal validity. In case of any discrepancies, the English version shall prevail.

I, the undersigned, HEREBY DECLARE that I have read and fully understood and agreed to the terms and conditions of this financial agreement.

I ALSO CERTIFY that the information provided by me is true, complete, and accurate to the best of my knowledge.

I FURTHER ACKNOWLEDGE that I give my consent to Shahid Sadoughi University to collect, use, and process my personal information.

I UNDERSTAND that any intentional dishonesty or violation of these terms may result in the university terminating this agreement unilaterally.

Date:

Full Name:

Signature and Fingerprint:



Financial Support Letter

To: Associate Dean for Finance and Administration
Shahid Sadoughi University of Medical Sciences, Yazd, Iran

From:

Date (YY/MM/DD):

Dear Associate Dean for Finance and Administration,

I,, born in (place of birth) on (date of birth: YY/MM/DD), provide this letter of financial support, accompanied by relevant financial documents, to confirm that I am financially capable of supporting my son/daughter,, during his/her studies at Shahid Sadoughi University of Medical Sciences.

I hereby affirm that I am able to provide sufficient funds to responsibly cover all educational expenses that may arise during the entire course of study, including any unexpected costs and any emergency funding for personal upkeep that would otherwise hinder studying. I am also aware that the cost of living (accommodation, meals, transportation, insurance and healthcare, etc.) is subject to inflation and may increase during this period.

Attached are a clear copy of my passport (Bio page) and a copy of my son/daughter's passport (Bio page).

Sincerely,

Name:

Signature:

Notice:

Please ensure that all required fields are completed, and all necessary documents are attached.