



St. George's University
Grenada, West Indies

CONFIDENTIAL FINANCIAL STATEMENT

Canadian 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.

2025-2026 ESTIMATED COST OF ATTENDANCE (COA)

The total cost of attendance (COA) is an **estimate** of what it costs a typical student to attend SGU School of Medicine. The COA is not the actual price you will pay, and your actual expenses may be different than the COA. This worksheet is provided to help you to plan out a personal budget for your program of study.

What's included in the COA?

The COA is made up of two different types of costs: direct and indirect.

- **Direct costs** are items that will appear on your university bill, such as tuition, fees, books, and housing (if you live on campus).
- **Indirect costs** will not appear on your bill but are estimated costs associated with going to SGU. These include items like transportation and personal expenses and should be factored in when you are planning the financial resources needed for your program of study.

5-Year, 6-Year, and 7-Year Doctor of Medicine Tracks (Preclinical Phase)

All figures in USD. Subject to annual increases.

Preclinical Phase	7-YEAR		6-YEAR		5-YEAR	
	Term 1	Term 2	Term 1	Term 2	Term 1	Term 2
TUITION	\$21,692	\$21,692	\$21,692	\$21,692	\$21,692	\$21,692
HOUSING	\$7,812	\$7,812	\$7,812	\$7,812	\$7,812	\$7,812
MEDICAL INSURANCE	\$5,549		\$5,549		\$5,549	
AIR EVACUATION	\$210		\$210		\$210	
BOOKS	\$370	\$370	\$370	\$370	\$370	\$370
FOOD	\$2,192	\$2,192	\$2,192	\$2,192	\$2,192	\$2,192
TRANSPORTATION	\$1,335	\$1,335	\$1,335	\$1,335	\$1,335	\$1,335
MISCELLANEOUS	\$4,128	\$4,128	\$4,128	\$4,128	\$4,128	\$4,128
TOTAL	\$43,288	\$37,529	\$43,288	\$37,529	\$43,288	\$37,529

Direct Costs: \$64,767 per year

Indirect Costs: \$16,050 per year

Doctor of Medicine Program (MD)

All figures in USD. Subject to annual increases.

MD Program	YEAR ONE		YEAR TWO		YEAR THREE			YEAR FOUR	
	Term 1	Term 2	Terms 3/4	Term 5	Clinical Term 1	Clinical Term 2	Clinical Term 3	Clinical Term 4	Clinical Term 5
TUITION	\$32,937	\$32,937	\$48,949	\$33,293	\$35,549	\$35,549	\$35,549	\$35,549	\$35,549
ADMINISTRATIVE FEES	\$5,818	\$5,818	\$7,756	\$5,818	\$4,783	\$4,783	\$4,783	\$4,783	\$4,783
MALPRACTICE INSURANCE					\$400	\$400	\$400	\$400	\$400
GRADUATION FEE									\$987
HOUSING	\$7,844	\$7,844	\$11,687	\$6,899	\$8,529	\$8,529	\$8,529	\$8,529	\$8,529
BOOKS	\$2,929	\$684	\$1,149	\$1,088	\$100	\$100	\$100	\$100	\$100
MEDICAL INSURANCE	\$5,549		\$5,549		\$5,549			\$5,549	
AIR EVACUATION	\$210		\$210						
EXAM FEE				\$1,180			\$2,626		
FOOD	\$2,329	\$2,466	\$3,699	\$2,192	\$1,904	\$1,904	\$1,904	\$1,904	\$1,904
TRANSPORTATION	\$1,335	\$1,335	\$1,335	\$1,335	\$1,335	\$1,335	\$1,335	\$1,335	\$1,335
MISCELLANEOUS	\$4,386	\$4,644	\$6,966	\$4,128	\$4,128	\$4,128	\$4,128	\$4,128	\$4,128
TOTAL	\$63,337	\$55,728	\$87,300	\$55,933	\$62,277	\$56,728	\$59354	\$62,277	\$57,715

☒ Direct Costs: \$437,792

☐ Indirect Costs: \$122,857

Cost of Attendance Components

Tuition: Charges for academic instruction and coursework.

Administrative Fees: Institutional fees covering campus facilities, and student services.

Federal Loan Fees: Average origination fees charged by the U.S. Department of Education on federal student loans.

Exam Fees: Costs associated with required licensing examinations, such as the STEP and OET exams.

Housing: Average on-campus shared-suite housing costs. Students living off-campus will not be billed for housing.

Food: Estimated cost of groceries and dining out.

Transportation: Estimated cost of round-trip airfare to Grenada or designated clinical hospital locations.

Air Evacuation: Cost of emergency medical evacuation policy when treatment is not available in Grenada.

Medical Insurance: Cost of the school-sponsored medical insurance plan. Students with comparable personal coverage may waive this fee. Please see the [Student Health Insurance Portal](#) for more details.

Books: Cost of term 1 required books and PD kit for which you will be billed.

Miscellaneous: Estimated cost for personal expenses such as toiletries and other incidental items.

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 of Canada
- 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:
 - government loans and grants
 - pending or approved lines of credit
 - 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.
- [Federal/Provincial Funding](#)
 - You can complete your government loan application prior to submitting your CFS to receive your aid estimate

CANADIAN CONFIDENTIAL FINANCIAL STATEMENT

St. George's University School of Medicine

SGU will review your financial plan and determine how we can assist you. 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 CFS and submit to jbrady@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="radio"/>	Married <input type="radio"/>	Domestic Partnership <input type="radio"/>	
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="radio"/>	Self Employed <input type="radio"/>	Retired <input type="radio"/>	Employed <input type="radio"/>	Self Employed <input type="radio"/> Retired <input type="radio"/>
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="radio"/>	No <input type="radio"/>
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="radio"/> No <input type="radio"/>		Do you and/or your spouse own a business?		Yes <input type="radio"/> No <input type="radio"/>	
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="radio"/> No <input type="radio"/>		Does your family own a business?		Yes <input type="radio"/> No <input type="radio"/>	
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 line of credit 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's Contribution from Income	\$	\$	\$	\$	\$	\$	\$
Family's Contribution from Assets	\$	\$	\$	\$	\$	\$	\$
Relatives and Friends Contribution	\$	\$	\$	\$	\$	\$	\$
Private Scholarships (non SGU)	\$	\$	\$	\$	\$	\$	\$
Private Sponsor	\$	\$	\$	\$	\$	\$	\$
Other: Please explain below	\$	\$	\$	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$	\$	\$	\$
Private Loans / Federal / Provincial Funding: Please list in U.S. Dollars (USD\$)							
Most students utilize a Professional Line of Credit (LOC) from a Canadian bank to assist with their total educational expenses							
Will you need an LOC	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you applied yet	Yes <input type="checkbox"/> No <input type="checkbox"/>	What is the date of application			
What bank did you apply for your LOC at							
Current status of your LOC	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							
Federal/ Provincial Funding							
Have you applied for Provincial/ Federal funding	Yes <input type="checkbox"/> No <input type="checkbox"/>		What is your loan/grant award		\$		
Have you lived in Canada in the previous 12 months? Yes No							
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.							
<p>I understand the following:</p> <p>I understand that I may need to provide supporting documentation.</p> <p>I have included all sources of personal funding and parental resources in the expected support section of my CFS.</p> <p>I have included all resources/contributions (personal or parental) from other countries if applicable.</p> <p>Provincial/federal funding and LOC amounts are not included in the expected support section.</p> <p>I have converted all figures to USD\$.</p> <p>I have included all special circumstances that apply to my financial plan.</p> <p>I hereby certify that the information I have provided is accurate and complete to the best of my knowledge.</p>							
_____ Signature of Student				DATE _____ mm/dd/yy			
_____ Signature of Spouse				DATE _____			
				Name of Spouse (printed)			
_____ Signature of Parent				DATE _____			
				Name of Parent (printed)			