

University of Minnesota Crookston International Student Agreement

International Admissions, Suite A Owen Hall
2900 University Ave. Crookston, MN 56716 USA



BEFORE SIGNING THIS FORM, PLEASE READ CAREFULLY

By signing this form, I certify that I understand and accept the following conditions and agree to abide by them. As a condition to my admission, I agree to do the following:

- I understand that I am required to pay ALL tuition and fees by the designated payment deadline date EACH semester. If I do not pay by the deadline date, I understand my classes will be CANCELED. If my classes are canceled, I understand I will be in violation of my immigration status.
- I will have available sufficient funds for tuition, fees, and living expenses for each year I study at University of Minnesota Crookston. I recognize that the cost of living is high, that financial aid from the University is not available, and that as a general rule international students are not permitted to work off-campus. I further understand that on-campus employment is sparse and many students do not find employment.
- I am responsible for understanding the rules and regulations for being on a student visa in the United States.
- I authorize University of Minnesota Crookston to release to any U.S. government Officer information required to determine my compliance with U.S. immigration laws. Further, I understand that University of Minnesota Crookston must report to the Department of Homeland Security those students who are not registered, are not pursuing a full course of study or are not meeting the minimum academic standards of the University. I understand University of Minnesota Crookston must comply with the electronic compliance system (SEVIS) with electronic reporting to U.S. Homeland Security.
- I agree to purchase the University of Minnesota Health Insurance Plan as a condition of my admission and continued enrollment at University of Minnesota Crookston. Exemptions may be granted only as outlined in the Health Insurance Policy. Health insurance premiums are due *in full* at the beginning of each term during each year of study. Canadian students from Manitoba will receive an Insurance waiver on their student account to cover the cost of the University Health Insurance.
- I agree to meet with the university Health Center upon arrival and follow the immunization policies as set forth by the university. Failure to follow policy will result in fees and/or cancellation of classes.
- I agree to attend all the dates of the required new student Orientation sessions. I will arrive on or before the reporting date as stated on the I-20.
- I declare that all the information I have submitted for my application for admission is true, correct, and complete.
- I understand and I will comply with the requirements as stated on this agreement. I understand that falsification of any information will jeopardize the issuance of an I-20 and/or may result in University of Minnesota Crookston revoking its decision to enroll me as a student.
- If I am a transfer student from another institution in the U.S., I will bring an up-to-date, current copy of my I-20 to be given to the Office of International Programs upon my arrival at University of Minnesota Crookston.

Acceptance to University of Minnesota, Crookston cannot be made without signature.

Printed Name of Applicant: _____

Signature of Applicant: _____ Date: _____