

# University of Minnesota Crookston

## Certification of Finances Form

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



The United States Department of Homeland Security requires each educational institution to obtain evidence of the financial support from each student prior to issuing a Form I-20 or DS-2019 (as well as academic and language proficiency requirements). **You are responsible for demonstrating that you have sufficient funds to meet all educational and personal expenses for the duration of your F-1 or J-1 status at UNIVERSITY OF MINNESOTA, CROOKSTON.** Please complete the form below and attach a letter or statement from a bank official certifying deposits.

You must certify that you have at least the amount necessary to cover your tuition, fees, and living expenses the duration of your first year of study.

**Complete this form carefully to avoid lengthy delays that may affect your academic plans. Applications that include forms that are not complete or that do not show adequate financial resources will be denied.** No application will be considered complete unless accompanied by proper certification including documentation of available funds.

**HINT:** *Request 2 copies, one for the application and one for the visa application process.*

<u>2018-19 Expenses</u>		<u>Resources</u>	
UMC Estimated costs		List the amount in U.S. dollars that is available from each of your financial resources	
Undergraduate tuition and fees	\$ 12,202	<b>Personal Funds</b>	\$
Room and board	\$ 7,658	<b>Family funds from Abroad.</b>	\$
Health Insurance	\$ 2,100	List name and relationship to you:	
Books	\$ 1,200	<b>Scholarship, grant or loan</b>	\$
Personal Expenses	\$ 2,000	(List name and address of source)	
<b>Total</b>	<u>\$ 25,160</u>	<b>Funds from another source</b>	\$
		(Specify type, source, address)	
		<b>Total</b> (Add lines above)	\$
		This amount should equal or exceed the total expenses.	

I certify that the total amount of money (excluding travel funds) available to me during my first year in the United States is \$\_\_\_\_\_. Further, I certify that the above information is correct and complete. I understand that any misrepresentation of facts on this financial statement could cause my application to be denied or be cause for dismissal from the university. I take full financial responsibility for all of my educational and personal expenses. I understand that University of Minnesota, Crookston accepts no responsibility for my financial needs.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT NAME (Please print): \_\_\_\_\_

# University of Minnesota Crookston

## Declaration of Support

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### To be Completed by Sponsor/Guarantor

I, \_\_\_\_\_, am **aware** that \_\_\_\_\_ who is my  
\_\_\_\_\_ (list relationship) is considering enrollment at University of Minnesota,  
Crookston beginning \_\_\_\_\_.

I **certify** that I am willing and do promise to provide financial support in the amount of \_\_\_\_\_  
(U.S. dollars) for the above mentioned student to attend the University of Minnesota, Crookston.

**Evidence** of my financial resources, in the form of a bank letter or statement, accompanies this  
Declaration of Support.

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor's Name (printed): \_\_\_\_\_

Sponsor's email: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Sponsor's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All financial materials must be original. Photocopies are not acceptable. A bank letter or statement that includes the amount of money available, date, and amount of last deposit should accompany this statement.

# University of Minnesota Crookston International Student Agreement

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## 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 TB and 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: \_\_\_\_\_