

# **International Student Financial Certification Statement**

Submit a completed I-20 request form, along with any additional required documentation, to an ISSS F-1 advisor: isss@umn.edu.

# **Section 1: General Information**

1. Student's Name	First name Middle			
2. U of M ID #	3. SEVIS ID N O O			
4. Email	5. Phone			
6. Birthdate Month Day Year				
7. Passport Expiration Date	8. Visa Expiration Date			
9. U.S. Address				
10. Check appropriate reason for requesting a new	w I-20 from options A-D below			
A. Program Extension — New End Date:  Month	Day Year Current I-20 Expiration Date:  Month Day Year			
Academic Reason — Attach advisor letter	(Your F-1 Status ends on this date. Discuss with your			
Medical Reason — Attach 1) advisor letter stating end date  2) doctor letter				
B. Change of Degree Level	From To			
If you are currently on OPT/CPT/Assistantship, what is the date you will stop working?  (Must be prior to the new I-20 issue date)  Month  Day  Year				
C. Change of Visa Status Semeste	er You Would Like to Begin in F-1 Status			
Current Status	Expiration date Month Day Year			
Home Country Address				
Stre	et Name & Number Apartment/Room Number			
City	Province Country Zip/Postal Code			
I am applying within the U.S. OR I am applying in home country				
I am currently a student at the U of M OR	I am a new student at the U of M			
D. Applying to Regain Legal Status				
Reinstatement by applying within the U.	S. (I-20 must be prepared within 30 days of submission to USCIS)			
Re-entry (indicate date of return to the U	J.S)* Month Day Year			
*Required (You cannot enter the U.S. more than 30 day	·			
E. Financial Information Update: I-20 expires in le	ess than one year			

# **Section 2: Estimate of Expenses**

# A. EDUCATIONAL EXPENSES

Number of months covered by Finar You must show funding for 12 month		(Minimum 1 month	)
If you have an assistantship, wri	te the percentage time (e.g. 25%)		
TUITION	Estimated cost of tuition for 2 se (multiply by 2 the amount at onesto		(a)
	Cost of student insurance: \$3,59	)	
INSURANCE	<ul><li>Students with 50% assistantsh</li><li>Students with 25% assistantsh</li></ul>		(b)
FEES	Estimated cost for academic year	: \$2,400 - \$3,600	(c)
SUMMER TUITION, FEES, BOOKS, AND INSURANCE	Summer educational cost (if app	icable)	(d)
TOTAL EDUCATION EXPENSES	Add items (a) through (d) for total estimated educational expenses	I	(e)
B. LIVING EXPENSES			
The figures below are based on the these figures have been calculated to			ı/finances/cost-attendance).
If a sponsor covers any or all of your Section 3 of this form as a source of	living expenses you still must indica	ite the minimum living expen	ses here. List the sponsor in
TOTAL LIVING EXPENSES	Housing and Food, Books/Supplier Transportation, Personal/Miscella		(f)
C. DEPENDENT EXPENSES (IF	APPLICABLE)		
Indicate dependent expenses here if in the U.S. or a spouse on a visa type		living in the U.S. on an F-2 vis	sa. Do not include children born
NOTE: It is the student's responsibilit	to provide health insurance for dep	endent(s) immediately upon t	their arrival in the U.S.
Check the appropriate box below:			
1 Dependent	\$691 per month	4 Dependents	\$1,425 per month
2 Dependents	\$971 per month	5 Dependents	\$1,647 per month
3 Dependents	1,196 per month		
TOTAL DEPENDENTS	Multiply X months for total estimated dependent expenses		(g)
TOTAL EXPENSES	Add the amounts in (e), (f), and (g	) for total expenses	\$

# **Section 3: Sources of Funds**

- Indicate financial resources available to meet or exceed total expenses indicated in Section 2.
- If you receive funding from the University of Minnesota (for example, assistantship, fellowship, scholarship) you must provide documentary evidence of the amount of funding you will receive for the number of months specified in Section 2.

	PERSONAL FUNDS/SAVINGS		(h)	
FUNDS FROM THE U OF M	[Specify Type]	(	i)	
FUNDS FROM ANOTHER SOURCE	[Specify Source (Examples include			
TOTAL FUNDING	Add the amounts in (h), (i), an	(j) for total funding	\$	
attending the University of Minno to change, and actual living expe Scholar Services if there is any ch	vided on this form is true, and esota. The minimum amounts nses will vary based on indivicange in my financial situation hal and personal expenses sho	it correctly reflects my plans to meet ndicated on this form are estimates; ial circumstances. I must notify Interr hat will affect my ability to cover my ald my source of funding specified ab for my financial needs.	tuition and fees are subje national Student and expenses. I take financial	
	Student's Signature	Month	Day Year	
Enrollment: (# of cred Verify active program plan Holds Addl docs reviewed: doctor/ ad Expense and funding information	its) visor letters, UMN funding	COS: Requested begin date/s  Change of ed level: Verify act  Program extension: I-20 due expiration date	tive in new program	