

East Grand Forks Campus 2022 Central Avenue NE East Grand Forks. MN 56721

Phone: 218.793.2800

Thief River Falls Campus 1101 Highway One East Thief River Falls, MN 56701 Phone: 218.683.8800

Northland Community & Technical College Certification of Finances

The U.S. Citizenship and Immigration Services regulations require that the College maintain records showing that you have met its financial requirements (as well as its academic and English 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 M-1 status at the College. You must fill out all the information on this form before the College will issue you an I-20. *Please mail this form, when completed, to the campus you will be attending to the attention of the International Student Advisor.

You must certify that you have at least the amount necessary to cover your tuition, fees, and living expenses for your first academic year (9 months). If you attend summer session and/or bring your spouse or other dependents with you to the United States, you must certify that you have the additional amount necessary to cover those costs. Additional cost for spouse (\$2,000) and children (\$1,500/child) for a nine-month period.

Family Name (surname)		First (given) Name					
Country of Birth Da	te of Birt	h (mm/dd/yy)	Country of Citizenship				
Estimate of Student (To be completed by	•						
		demic Year gust-May)	Summer (June-August)				
Tuition and Fees	\$	6280.50	\$				
Room and Board	\$	9750	\$				
Books and Supplies	<u>\$</u>	1000	\$				
Medical Costs (Mandatory Insurance)	<u>\$</u>	2346	\$				
Personal Expenditures (clothing, laundry, et	c.) <u>\$</u>	2700	\$				
Transportation (after arrival in the U.S.)	<u>\$</u>	900	\$				
Other	<u>\$</u>		\$				
TOTAL EXPENSES	<u>\$</u>	22,976.50	\$				



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DOCUMENTATION OF SUPPORT

Amounts (in U.S. Dollars) Assured Support

SOURC	CES OF SUPPORT		Year	Second Year	
Person	al and/or Family Savings				
	Name of Bank:				
			ertification	n below if the student is supported in part or whole	by
	family or personal savings	S.	Φ.	•	
D			\$	\$	
Parents	s and/or Sponsors				
	Print name of sponsor: _ Note: Signature of paren				
	Note. Signature of paren	t or sponsor is required.	¢	\$	
Your G	overnment		Ψ		
i oui o					
	Note: Enclose a signed of	copy of your letter or award.			
	140to. Enclose a digitor o	opy of your lottor of awara.	\$	\$	
Other			Ψ	Ψ	
Othici	Specify:	\$		\$	
	ороону.	Ψ		Ψ	
TOTAL	DOCUMENTED SUPPOR	T \$		\$	
Totals s	should be equal the estimat	e of expenses for one acad	emic vear.	*	
	e funds are available. fficial's Signature			Date	
Bank O	fficial's Name (print)			Title	
Nama	of Donk	Addrood			
*A lette	r verifying financial support	may be accepted in lieu of	signature (on this form.	
/ lotto	r vernying intantial support	may be accepted in fied of	signature (on this form.	
		the information furnished and will be provided as sp		pplicant on this form, that it is true and accura	te,
		·		Date	
Sponso	or's Name (print)		Re	elationship	
Address	•				
		may be accepted in lieu of	oianoturo (on this form	
Alette	r verifying ililancial support	may be accepted in field of	signature (on this form.	
I, COMPL	ETE.	_, CERTIFY THAT THE INI	FORMATIO	ON PROVIDED ABOVE IS CORRECT AND	
Student	t's Signature			Date	
This is t	o certify that I have reviewed	d the certificate and attached	document	Dates, if appropriate, and approve the issuance of an I-20) .
Name (print)	Title (print)		Signature (Designated School Official)	

A MEMBER OF MINNESOTA STATE