

FINANCIAL CERTIFICATION STATEMENT

Please complete and submit this form to make changes or to create a new I-20. Be prepared to present your passport, current I-20, and documentary evidence of your UMN funding sources (if applicable).

SECTION 1: GENERAL INFORMATION

Please note: Your name on this application must match your name as it appears on your passport.

1. Student's Name
Family name First name Middle

2. U of M ID #
3. SEVIS ID N 0 0

4. Email 5. Phone

6. Birthdate
Month Day Year
7. I-20 Expiration Date
Month Day Year (if applicable)

(Your F-1 Status ends on this date. Discuss with your advisor if this date is approaching.)

8. Passport Expiration Date
Month Day Year
9. Visa Expiration Date
Month Day Year

10. Country of Citizenship 11. Country of Birth

12. First Term/Year Registered at U of M

13. U.S. Address
(if known)

14. Check appropriate reason for requesting a new I-20 from options A-F below

A. Update I-20 Expenses and/or Funding
 B. Program Extension — New End Date:
Month Day Year

Academic Reason (attach adviser letter)
Medical Reason (attach doctor letter and adviser letter stating expected date of completion)

C. Change of: Degree Level OR Major From To
(circle one)

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

D. Change of Visa Status Semester You Would Like to Begin in F-1 Status
Current Status Expiration date
Month Day Year

Home Country Address
Street 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

E. Add/Terminate Dependents (See other side)
F. Applying to Regain Legal Status (See other side)

Add F2 dependent(s)

New to the U.S. and applying within home country.

Currently in the U.S. and changing status. If changing status within the U.S.

Expiration date.
 Current status Month Day Year

Dependent information: Print full name as it appears on passport

Dependent 1

Family name First name Middle

Birthdate U of M ID# (if known)
 Month Day Year

Country of Citizenship Country of Birth

Gender Male Female Relationship Spouse Child

Dependent 2

Family name First name Middle

Birthdate U of M ID# (if known)
 Month Day Year

Country of Citizenship Country of Birth

Gender Male Female Relationship Spouse Child

Dependent 3

Family name First name Middle

Birthdate U of M ID# (if known)
 Month Day Year

Country of Citizenship Country of Birth

Gender Male Female Relationship Spouse Child

End status of F-2 dependent(s)

Family name First name Middle

U of M ID # (if applicable)

Reason (required)

Other

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.S.)*
 Month Day Year

*Required (You cannot enter the U.S. more than 30 days before or after this date)

SECTION 2: ESTIMATE OF EXPENSES

A. EDUCATIONAL EXPENSES

Visit the [OneStop website](https://onestop.r.umn.edu/finances/estimating-your-costs) for current tuition, fees, and cost of attendance rates: <https://onestop.r.umn.edu/finances/estimating-your-costs>

Number of months covered by Financial Certification: (Minimum 1 month)

You must show funding for 12 months unless your I-20 expires in less than 1 year.

If you have an assistantship, write the percentage time (e.g. 25%)

TUITION	Estimated cost of tuition for 2 semesters	(a) <input type="text"/>
INSURANCE	Cost of student insurance (\$1,730/semester) (Students with 50% assistantship: \$274)	(b) <input type="text"/>
BOOKS, SUPPLIES & FEES	Estimated cost for the academic year (\$2,000-3,500)	(c) <input type="text"/>
SUMMER TUITION, FEES, BOOKS, AND INSURANCE	Summer educational cost (if applicable)	(d) <input type="text"/>
TOTAL EDUCATION EXPENSES	Add items (a) through (d) for total estimated educational expenses	(e) <input type="text"/>

B. LIVING EXPENSES

The figures below are estimates for a 12-month period. If receiving free room and board from a sponsor, indicate here the cost the sponsor incurs and list the sponsor under "funds from another source" in Section 3.

ROOM/BOARD	Minimum of \$13,352	(f) <input type="text"/>
TRANSPORTATION	Minimum of \$200	(g) <input type="text"/>
PERSONAL/MISC.	Minimum of \$2,000	(h) <input type="text"/>
TOTAL LIVING EXPENSES	Add items (f) through (h) for total estimated living expenses, minimum of \$15,552	(i) <input type="text"/>

C. DEPENDENT EXPENSES (IF APPLICABLE)

NOTE: It is the student's responsibility to provide health insurance for dependent(s) immediately upon their arrival in the U.S.

Make the appropriate selection 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 (j)

TOTAL EXPENSES Add the amounts in (e), (i), and (j) for total expenses \$

**The figures shown above are an estimate only. The University of Minnesota is not responsible for differences between actual costs and the figures provided in this estimate. The student should be prepared to find additional funding in the event that there is a sudden change in educational or living expenses.*

SECTION 3: SOURCES OF FUNDS

- Indicate financial resources available to meet educational and living expenses during the number of months specified in Section 2.
- Students must be able to show sufficient funds to meet the total expenses shown in Section 2.

PERSONAL FUNDS/
SAVINGS

(k)

FUNDS FROM THE U OF M
(*Bring documentary funding
evidence for the number of
months specified in Section 2)

[Specify Type (Examples include assistantships,
fellowships, on-campus employment, scholarships, etc.)]

(l)

FUNDS FROM
ANOTHER SOURCE

[Specify Source (Examples include family)]

(m)

TOTAL FUNDING

Add the amounts in (k), (l), and (m) for total funding

\$

SECTION 4: CERTIFICATION BY THE STUDENT

STATEMENT: I certify that the statements given by me in Sections 1 through 3 of this form are complete and accurate for the next 12 months. I understand that this information will be used in generating an I-20, and that is illegal to provide false information on that document. I take financial responsibility for all my educational and personal expenses should my source of funding specified above be interrupted or stopped; the University of Minnesota accepts no responsibility for my financial needs. If I am applying for ISSS/University financial aid, I know that it is possible to lose funding if the information I have provided on this document is not consistent with the information on my financial aid application. I understand that, before making a decision about temporarily leaving the US, I may discuss the impact of my financial aid status with a financial aid adviser at ISSS.

I understand that it is my responsibility to provide health and hospitalization insurance for my dependents who enter the US on F-2 visas. I also am aware that dependents in F-2 status are not allowed to earn income in the US.

By signing below, I verify that I understand the above information. I agree to comply with any decisions - financial or otherwise - that International Student & Scholar Services makes based upon the information I have given them.

Student's Signature

Month

Day

Year

DSO will complete this section:

Enrollment: (# of credits)

Date submitted

Month

Day

Year

DSO initials

Holds

Comments

Employment verification

SEVIS Update

Upload to PC