University of Minnesota Rochester

FINANCIAL CERTIFICATION STATEMENT (new BSHS)

Please submit this form to create a new I-20. If you are already on an F visa, please request a Transfer Release Form to transfer your SEVIS record to UMR. New students should be prepared to present your passport and evidence of your funding sources.

SECTION 1: GENERAL INFORMATION

Please note: Your name on	this application must matcl	n your name as it app	ears on your passp	ort.		
1. Student Name						
	Family name	First name		Middle		
2. U of M ID #	3. Email		4. Phone			
5. Birthdate MM/Di	6. P	assport Expiration Da	ate			
7. Country of Citizenship 8. Country of Birth						
9. City of Birth		10. First Term/Year F	Registered at UMR			
11.U.S.Address (if currently in U.S.)						
12. Home Country Address	Street Name &	Number	Apartme	nt/Room Number		
	City	Province	Country	Zip/Postal Code	е	
13. Current visa status		Expiration date (if i				
(if currently in the U.S. on a visa)					D/YYYY	
I am	applying within the U.S.	OR	I am applying in ou	ıtside the U.S.		
I am	currently a student at the l	J of M OR	I am a new studer	t at the U of M		
New to the U.	ependent(s). Proof of funds is a S. and applying within hon Int full name as it appears on p	ne country. OR	Currently in the L Current status Relationship	J.S. and changing sta xpiration MM/DD/YY Middle Spouse Child		
Danish danid	Country of Citizenship		Country of Birth			
Dependent 2						
Family name		First name		Middle		
Birthdate	UMR ID# (if any)		Relationship	Spouse Child	Other	
	Country of Citizenship		Country of Birth			

SECTION 2: ESTIMATE OF EXPENSES

A. EDUCATIONAL EXPENSES

You must show proof of funding for 12 months. Visit the OneStop website for current tuition, fees, and cost of attendance rates: https://onestop.r.umn.edu/finances/estimating-your-costs

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	TUITION & FEES	Estimated cost of tuition for 2 semesters	(a)
	BOOKS & SUPPLIES	Estimated cost for the academic year (\$1,000)	(b)
	TOTAL EDUCATION EXPENSES	Add items (a) and (b)	(c)
B.	LIVING EXPENSES		
	ROOM/BOARD	Based on Standard Double rate. See Residential Life for additional rates: https://r.umn.edu/student-life/office-residential-life/housing-rates	(d)
	INSURANCE	Cost of student insurance (\$1,734/semester) (see Office of Health Benefits for current rate)	(e)
	PERSONAL/MISC.	Minimum of \$2,000	(f)
	TOTAL LIVING EXPENSES	Add items (d) to (f) for total estimated living expenses	(g)
C.	DEPENDENT EXPENSE	ES (IF APPLICABLE)	
	dicate dependent expenses if yo S. or a spouse on a visa other tl	ou have a spouse/child living in the U.S. on an F-2 visa. Do not han F-2.	t include children born in the
	OTE: It is the student's responsional to the appropriate selection be	bility to provide health insurance for dependent(s) immediately elow:	upon their arrival in the U.S
	1 Dependent	add \$691 per month	(h)
	2 Dependents	add \$971 per month	
	3 or more dependents	add \$1,200 per month	
			(b) (c) (c) (d) (e) (e) (f) (ses (g) (a. Do not include children born in the mediately upon their arrival in the U.S. (h)
	TOTAL EXPENSES	Add the amounts in (c), (g), and (h) 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 specified in Section 2. Students must be able to show sufficient funds to meet the total expenses shown in Section 2.

PERSONAL FUNDS/SAVINGS			((i)		
FUNDS FROM THE U OF M (*show documentary evidence for the number of months specified in Section 2)	[Specify Type (Examples campus employment, sch	include assistantships, fellowship olarships, etc.)]		j)		
FUNDS FROM ANOTHER SOURCE	[Specify Source (Example	s include family, etc.)]	(1	k)		
TOTAL FUNDING	Add the amounts in (i),	(j), and (k) for total funding				
SECTION 4: CERTIFI STATEMENT: I certify that the saccurate for the next 12 month is illegal to provide false inform personal expenses should my Minnesota accepts no respons is possible to lose funding if the on my financial aid application. discuss the impact of my financial understand that it is my responsible U.S. on F-2 visas. I also an By signing below, I verify that I otherwise - that UMR makes be	statements given by me s. I understand that this ration on that document. source of funding specificibility for my financial new information I have provide a understand that, beforbial aid status with an internsibility to provide health aware that dependents understand the above in	in Sections 1 through 3 of information will be used in I take financial responsibilitied above be interrupted or eds. If I am applying for Unided on this document is note making a decision about ernational student advisor. In and hospitalization insurate in F-2 status are not allow information. I agree to compare the status are status are to compare to the statu	generating a ity for all my stopped; the iversity final ot consisten temporarily ance for my of yed to earn in	an I-20, and that educational are University of ncial aid, I know the with the information leaving the U.S. dependents who come in the U.S.	at it nd w that it mation S, I may no enter J.S.	
DSO will complete this section:						
Enrollment: (# of credits) Holds Con Employment verification	nments	Date submitted			DSO initials	
SEVIS Update Upload to PC						