



East Grand Forks Campus
 2022 Central Avenue NE
 East Grand Forks, MN 56721
 1.800.959.6282

Thief River Falls Campus
 1101 Highway One East
 Thief River Falls, MN 56701
 1.800.959.6282

Northland Community & Technical College Certification of Finances – Health Programs

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	Country of Citizenship

Estimate of Student Expenses for the 2016-2017 Academic Year (To be completed by the Institution or Designated School Official)

	Academic Year (August-May)	Summer (June-August)
Tuition and Fees	\$ 8400	\$ _____
Room and Board	\$ 5400	\$ _____
Books and Supplies	\$ 1400	\$ _____
Medical Costs (Mandatory Insurance)	\$ 1000	\$ _____
Personal Expenditures (clothing, laundry, etc)	\$ 900	\$ _____
Transportation (after arrival in the U.S.)	\$ 800	\$ _____
Other _____	\$ _____	\$ _____
TOTAL EXPENSES	\$ 17,900	\$ _____



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DOCUMENTATION OF SUPPORT
 Amounts (in U.S. Dollars) Assured Support

SOURCES OF SUPPORT

Year Second Year

Personal and/or Family Savings

Name of Bank: _____

Note: A Bank Official's signature is **required** on the certification below if the student is supported in part or whole by family or personal savings.

\$ _____ \$ _____

Parents and/or Sponsors

Print name of sponsor: _____

Note: Signature of parent or sponsor is required.

\$ _____ \$ _____

Your Government

Print name of agency: _____

Note: Enclose a signed copy of your letter or award.

\$ _____ \$ _____

Other

Specify: _____

\$ _____ \$ _____

TOTAL DOCUMENTED SUPPORT

\$ _____ \$ _____

Totals should be equal the estimate of expenses for one academic year.

This is to certify that I have read the information given by the applicant on this form, that it is true and accurate, and that the funds are available.

Bank Official's Signature _____ Date _____

Bank Official's Name (print) _____ Title _____

Name of Bank _____ Address _____

*A letter verifying financial support may be accepted in lieu of signature on this form.

This is to certify that I have read the information furnished by the applicant on this form, that it is true and accurate, and that the funds are available and will be provided as specified.

Sponsor's Signature _____ Date _____

Sponsor's Name (print) _____ Relationship _____

Address _____

*A letter verifying financial support may be accepted in lieu of signature on this form.

I, _____, CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT AND COMPLETE.

Student's Signature _____ Date _____

This is to certify that I have reviewed the certificate and attached documents, if appropriate, and approve the issuance of an I-20.

Name (print) Title (print) Signature (Designated School Official)