

UNIVERSITY OF MINNESOTA

2008-2009 FINANCIAL CERTIFICATION STATEMENT

College of Pharmacy

Last or Family Name*	First or Given Name*	Middle*
Date of Birth	Country of Birth	Country of Citizenship
If currently in the U.S., indicate your visa type:		If currently enrolled in a program of study in the U.S., indicate the name of the school and its city/state:

**Must match your name as it appears in your passport*

U.S. Immigration and Naturalization Service regulations require that the University maintain records showing that you have met its financial requirements (as well as its academic and language 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 status at the University.** You must fill out all the information on this form before the University of Minnesota will issue you an I-20A or IAP-66.

You must certify that you have the funds necessary to cover your tuition, fees, and living expenses for your first academic year. If you bring your spouse or other dependents with you to the United States or attend summer session, you must certify that you have the amount necessary to cover those costs. **Complete this form carefully to avoid lengthy delays that may affect your academic plans. We will return forms that are incomplete or that do not show adequate financial resources.**

VISA INFORMATION

TYPE OF VISA REQUESTED (check one): F-1 (student visa) _____ J-1 (exchange visitor) _____

You are expected to enter the U.S. on a F-1 visa unless your source of funding requires you to enter on a J-1 visa (i.e. home government, U.S. government, International Organization, etc.). Regulations do not allow the issuance of a J-1 visa when the source of funding is primarily personal or family funds. The University of Minnesota requires a J-1 visa if your program is a formal exchange program between your institution and ours.

EXPENSES

The following are *estimated* expenses for the 2008-2009 school year:

\$ 21,645 (1) **Estimated Tuition, fees, and mandatory health insurance (based on instate rates).**

\$ 15,800 -25,000 (2) **Living expenses**, including book expenses, for 12 months.

\$ _____ (3) **Optional summer school tuition**, fees, and books.

\$ _____ (4) **Living expenses for spouse/dependents**

Fill in appropriate amount and complete the following information for each dependent of the F-1 or J-1 student who is seeking entry/reentry to the United States.

Living expenses:	FAMILY NAME (in caps), first name	Date of birth	Country of birth	Relationship to F-1 Student
One Dependent: \$ 642 per month				
Two Dependents: \$ 902 per month				
Three Dependents: \$ 1,110 per month				
Four Dependents: \$ 1,323 per month				
Five Dependents: \$ 1,530 per month				

\$ _____ (5) **TOTAL** (Add lines 1 through 4.)

RESOURCES

List the amount in U.S. dollars that is available to you from each of your financial resources.

\$ _____ (1) Personal funds

\$ _____ (2) Family funds from abroad. Name and address of sponsor: _____

\$ _____ (3) Scholarship, grant, or loan. Name and address of source: _____

\$ _____ (4) Funds from another source. Specify type, source, and address: _____

\$ _____ (5) **TOTAL** (add lines 1 through 4. **This amount should equal or exceed your total expenses, line 5 above.**)

SIGNATURE

I certify that the above information is complete, accurate, and true. I take full financial responsibility for all of my educational and personal expenses. I understand that the University of Minnesota accepts no responsibility for my financial needs.

Applicant's Signature: _____ Date: _____