

International students sponsored by NDSCS for a student visa must document their ability to meet all educational and living expenses for the first year of their intended study before North Dakota State College of Science can issue a Certificate of Visa Eligibility form I-20, per U.S. immigration regulations.

Although a student must only show proof for the first year of study, funding must be available for your entire course of study from your personal or sponsored funding sources. International students sponsored by NDSCS for a student visa are NOT eligible for Title IV financial aid, and U.S. Federal Immigration regulations restrict international student employment, therefore students should not expect to subsidize their studies by earning income in the United States.

Purchasing international student health insurance is required for all international students other than those from Canada or Norway. All international students will be required to enroll in the NDUS Student Health Insurance Plan administered by **United Health Care Student Resources** and will receive information from UHCSR regarding enrollment.

INSTRUCTIONS:

Complete the form in its entirety in English and using U.S. dollar amounts. U.S. Currency is preferred, if you are unable to provide U.S. Dollar amounts, please specify the type of currency documented.

You must answer all questions completely.

Step One: Personal and Dependent Information

Name as appears on your passport:		
Last (Surname/Primary)	First (Given)	Middle
Country of Citizenship		Date of Birth
Permanent mailing address (must be	your own address and not that	of a relative. P.O. Box not permitted):
Street Address		City
Province or State	Country	Postal Code
Admit Term: Fall Spring	Summer	
Program of Study:		
How long do you plan to study at ND	SCS? 1 Year 2 Years	
Does your country have currency resyear in U.S. dollars? Yes No		money that may be released to you each
If yes, please specify the amount allo	wed and for what period:	
What is the current rate of exchange	for U.S. dollars in your country?	\$1 (U.S.) =
Do you have any dependents that wi	I come with you to the U.S.?	Yes No

If yes, list name, relationship, birthdate, and country of birth for each.

(You must show sufficient funds to cover your dependents' living expenses while in the U.S. Expenses to be shown are \$4,000 for a nonstudent spouse, \$1,500.00 for the first child, and \$1,000 for each additional child.)

Name	Relationship	Birthdate	Country of Birth	Passport# (if available)

Step Two: Source of Funds

Budget (Academic Year)				
Tuition	\$9,720			
Books & Supplies	\$1,000			
Student Health Insurance	\$2,369			
Room & Board	\$8,096			
Miscellaneous Expenses	\$3,400			

Total (Based on 16 credit hours) \$24,585

Estimates are based on 16 credit hours each semester.

Are you planning to live on campus? Yes No

How man years are you guaranteed financial support? (Check one) 1 Year 2 Years

NDSCS partners with **North Dakota State University** (NDSU) to allow NDSCS-Fargo students to live on campus at NDSU.

Student Health Insurance premiums are due no later than the 6th week of the regular semester. The charge will be placed on the student account prior to semester start. Students who fail to meet the payment deadline for their insurance premium will have their enrollment cancelled. Their student visa may also be revoked requiring the student to leave the country immediately.

In the first column, indicate the source of your funding. In the column headed Year 1, indicate the amount (in U.S. dollars) available for each year of study. Your total support from all sources must equal or exceed the total dollar amount for your expenses plus that of any dependents.

Each sponsor must verify these amounts by signing the form. Be sure to include supplementary documents as indicated and provide official documentation of funding. Bank documents must show all deposits and withdrawals from the last six months.

Source of Funds	Year 1 – Amount of Support	Required Documentation
Personal Savings		Attach a statement of account from
Name of Bank:	\$	bank showing all deposits and
Account Holder:		withdrawals from the prior 6 months.
Family/Relative/Sponsor		Attach a statement of account from
Name:	\$	bank showing all deposits and
Name of Bank:		withdrawals from the prior 6 months.
Scholarship Name	\$	Attach a letter from the sponsoring agency providing scholarship details.
Other Support	\$	Attach a letter from the person or organization giving details of support.

Step Three: Verification of Information Provided

Complete the bank accounts and sponsor certification fields.

Bank Official's Certification	Financial Sponsor's Certification
This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available. This does not constitute a guarantee on the part of the bank. Name of Bank:	This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, that the funds are available, and that I will provide them as indicated. Sponsor's Name:
Bank Official's Name:	Signature:
Bank Official's Signature:	Address:
Place stamp of bank over signature.	Relationship of sponsor to student:
Date (mm/dd/yyyy):	
Please provide original or certified copy of bank statement.	If sponsor resides in the U.S., please indicate citizenship or immigration status: U.S. Citizen Immigrant

These documents will be kept by North Dakota Stage College of Science and will not be returned to the student. You are encouraged to keep copies of all financial documents submitted to NDSCS. **The United States Consular office will require this information when you apply for your visa.**

My signature on this Declaration of Finance form indicates that I understand that I am responsible for all tuition, fees, and living expenses that I incur during my attendance at North Dakota State College of Science and that except for any scholarship or assistantship already offered to me by the college, I do not expect North Dakota State College of Science to provide me with financial assistance or employment. I also certify that the information provided here is correct and complete.

I also understand that if I fail to pay my **student health insurance premium** by the sixth week of the regular semester I will be administratively withdrawn from my courses and my student visa may be revoked.

Tax Information

Please be aware if you are considered a nonresident in the United States, you may be subject to 1042 tax withholding. Taxable income occurs when scholarships and waivers awarded are more than tuition, fees, and required books. All excess awards over the required charges are deemed taxable by the United States Internal Revenue Service.

Your 1042 tax amounts are determined each semester. If an amount of 1042 tax applies to you, a charge will be placed on your Campus Connection Student Account and a detailed email will be sent. North Dakota State College of Science acts solely as the withholding agent. It is not the practice or policy of North Dakota State College of Science to provide tax advice. You should consult your tax professional concerning your situation.

Student's Printed Name:
Student's Signature:
Date (mm/dd/yyyy):

Return this form to:

North Dakota State College of Science Admissions Office 800 Sixth Street North Wahpeton, ND 58076

OR

NDSCS.Admissions@ndscs.edu