



International students are responsible for all educational and personal expenses for the duration of their F-1 status at the University of Minnesota. In order to issue an I-20, which is needed to obtain an F-1 student visa, the University of Minnesota is required by the United States government to maintain records that demonstrate that you have at least the funds necessary to cover your tuition, fees, and living expenses for your first year of study (12 months). If you will bring your spouse or other dependents with you to the United States, you must also demonstrate that you have the funds necessary to cover those costs.

To show that you have sufficient funds for your first year of study at the University of Minnesota, complete this form and send it along with the **following additional documentation** to the School of Public Health Student Services Center. Please note that forms that are incomplete or do not show sufficient funds will be returned. **Do not send bank statements.**

Additional Documentation

All Students:

- Copy of your passport.
- Copy of dependent passports (*if applicable*).

Students hired as a Graduate Assistant at the University of Minnesota or Scholarship Recipient:

- Copy of the University of Minnesota department letter verifying the assistantship's tuition benefit, salary, and percentage of time.
- Copy of the University of Minnesota Scholarship letter verifying the scholarship benefit.

Students currently holding F-1 Status at another U.S. institution:

- Transfer Release Form – available in the e-mail sent via SOPHAS as an attachment or contact issnew@umn.edu.

Section 1 PERSONAL INFORMATION

Name <i>(as it appears on your passport)</i>			
Last / Family Name – Surname	First / Given Name	Middle Name or Initial (if any)	
Date of Birth (mm/dd/yyyy)	University of Minnesota Student ID Number	Gender	University of Minnesota Email Address
City of Birth	Country of Birth		Country of Citizenship
Permanent Address <i>(provide your permanent address in your home country)</i>			
Other Information			
Are you currently in the U.S. (Yes or No)?:			
If yes, indicate your current visa type (F-1* or Other, please indicate type) & expiration date:			
If you currently hold an F-1 visa, provide name of your current U.S. institution:			
Name & degree of the program of admittance at UMN School of Public Health:			

Section 2 DEPENDENTS (if applicable)

Complete the following information for each dependent (if any) who will accompany you on your entry into the U.S. Please indicate names **as they appear on each dependent's passport**. It is your responsibility to provide full health insurance for your dependent(s) immediately upon their arrival in the United States.

Last / Family Name	First Name	Date of Birth <i>mm-dd-yyyy</i>	Gender	Country of Birth	Country of Citizenship	Relationship

Section 3 ESTIMATE OF EXPENSES

The figures shown below are based on the 2019-2020 academic year and are an estimate only. Educational expenses are expected to increase. The University of Minnesota is not responsible for differences between your actual costs and the figures provided in this estimate. You should be prepared to find additional funding in the event that there is a sudden change in educational or living expenses. You must show funding for 12 months unless your program is less than one year.

A. Educational Expenses

Tuition	Indicate the amount from Table 1 on page 3 of this form.	(1)	\$	
Books, Supplies and Fees	Minimum of \$2,700	(2)	\$	2,700
Health Insurance	Indicate the amount from Table 2 on page 3 of this form.	(3)	\$	
Total Education	Add lines (1) through (3).	(4)	\$	

B. Living Expenses

Room/Board	Minimum of \$14,170	(5)	\$	14,170
Transportation	Minimum of \$1,000	(6)	\$	1,000
Personal/Miscellaneous	Minimum of \$2,000	(7)	\$	2,000
Total Living Expenses	Add lines (5) through (7).	(8)	\$	17,170

C. Dependent Expenses – for 12 months (if applicable)

One Dependent	\$ 8,292
Two Dependents	\$11,652
Three Dependents	\$14,352
Four Dependents	\$17,100

Total Dependent Expenses	Enter the appropriate amount from above.	(9)	\$	
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D. Total Expenses

Add lines (4), (8) and (9).	(10)	\$	
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Section 4 SOURCE OF FUNDS

List the amount in U.S. dollars that is available to you from each of your financial resources. You must show that you have sufficient funds to meet the total expenses shown on line (10) in Section 3 above.

Personal funds		(11)	\$
University of Minnesota assistantship or fellowship (a)	Tuition benefit amount	(12)	\$
	Salary amount	(13)	\$
University of Minnesota scholarship/award (b)	Specify scholarship/award name	(14)	\$
Funds from another source (non U of M)	Specify source (e.g. family, government)	(15)	\$

Total Funding

Add lines (11) through (15).	(16)	\$	
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(a) Attach a copy of the letter from the department verifying the assistantship/fellowship percentage of time, salary and tuition benefits.

(b) Attach a copy of the letter verifying the University of Minnesota scholarship or award.

Section 5 CERTIFICATION BY THE STUDENT

I certify that the statements given by me in Sections 1 through 4 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 it 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.

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

By signing below, I verify that I understand the above information.

Signature	Date (mm/dd/yyyy)

Section 6 MAILING INFORMATION

Please check to confirm that you have read the following:

I understand the I-20 will be sent electronically, to the student's UMN email address until further notice.

Return this form with any required documentation (e.g. copy of passport) via e-mail (PDF) or postal mail to:

University of Minnesota School of Public Health
 Student Services Center
 MMC 819, Room A395 Mayo Bldg
 420 Delaware St SE
 Minneapolis, MN 55455
sph-ask@umn.edu

Tuition and Health Insurance Expenses

The figures shown below are based on the 2019-2020 academic year and are an estimate only. Educational expenses are expected to increase. The University of Minnesota is not responsible for differences between your actual costs and the figures provided in this estimate. You should be prepared to find additional funding in the event that there is a sudden change in educational or living expenses. You must show funding for 12 months unless your program is less than one year. If you are unsure about which amount to choose, please contact the School of Public Health Student Services Center at sph-ask@umn.edu.

Table 1 – Tuition

Find the first year tuition amount for your student status and program and enter it in Section 3. A., line (1) of this form.

Student Status	Degree Program		
	M.P.H. and Full-Time M.H.A. (24 credits)	M.S. and Ph.D. (12 credits)	Executive M.H.A. and Certificate Programs
Students without a graduate assistantship	\$ 31,968	\$ 27,204	Contact the program office for the estimated tuition amount.

Table 2 – Health Insurance

Find the first year health insurance expense amount for your student status and program and enter it in Section 3. A., line (3) of this form. These estimates are only for fall and spring terms.

Students without a graduate assistantship	\$ 3,828	\$ 3,828	Contact program office.
Students with a 50% graduate assistantship	\$ 256	\$ 256	
Students with a 25% graduate assistantship	\$ 2,074	\$ 2,074	

Updated 2.2021 for the 2021-2022 academic year