Please complete and submit this form in person to an F-1 adviser at International Student & Scholar Services (ISSS). Bring your passport, current I-20, and documentary evidence of your UMN funding sources (if applicable).

SECTION 1: GENERAL INFORMATION

1. Student’s Name
   - Family name
   - First name
   - Middle

2. U of M ID #

3. SEVIS ID

4. Email

5. Phone

6. Birthdate
   - Month
   - Day
   - Year

7. I-20 Expiration Date
   - Month
   - Day
   - Year

(Your F-1 Status ends on this date. Discuss with your advisor if this date is approaching.)

8. Passport Expiration Date
   - Month
   - Day
   - Year

9. Visa Expiration Date
   - Month
   - Day
   - Year

10. Country of Citizenship

11. Country of Birth

12. First Term/Year Registered at U of M

13. U.S. Address

14. Check appropriate reason for requesting a new I-20 from options A-D below
   - A. Program Extension — New End Date:
     - Month
     - Day
     - Year

   - Academic Reason (attach adviser letter)

   - Medical Reason (attach doctor & adviser letters stating end date)

   - B. Change of Degree Level
     - From
     - To

   If you are currently on OPT/CPT/Assistantship, what is the date you will stop working?
   (Must be prior to the new I-20 issue date.)
   - Month
   - Day
   - Year

   - C. Change of Visa Status
     - Semester You Would Like to Begin in F-1 Status

   Current Status
     - Expiration date
     - Month
     - Day
     - Year

   Home Country Address
     - Street Name & Number
     - Apartment/Room Number

     - City
     - Province
     - Country
     - Zip/Postal Code

   - I am applying within the U.S. OR I am applying in home country
   - I am currently a student at the U of M OR I am a new student at the U of M

   - D. Applying to Regain Legal Status
     - Reinstatement by applying within the U.S. (I-20 must be prepared within 30 days of submission to USCIS)

     - Re-entry (indicate date of return to the U.S.)*
       - Month
       - Day
       - Year

   *Required (You cannot enter the U.S. more than 30 days before or after this date)
SECTION 2: ESTIMATE OF EXPENSES

A. EDUCATIONAL EXPENSES (SEE PAGE 4 FOR TUITION RATES)

Number of months covered by Financial Certification: [Minimum 1 month]
You must show funding for 12 months unless your I-20 expires in less than 1 year.

If you have an assistantship, write the percentage time (e.g. 25%)

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>TUITION</td>
<td>Estimated cost of tuition for 2 semesters (a)</td>
<td></td>
</tr>
<tr>
<td>INSURANCE</td>
<td>Cost of student insurance ($2,232) (Students with 50% assistantship: $262) (b)</td>
<td></td>
</tr>
<tr>
<td>BOOKS, SUPPLIES &amp; FEES</td>
<td>Estimated cost for the academic year ($2,000-3,500) (c)</td>
<td></td>
</tr>
<tr>
<td>SUMMER TUITION, FEES, BOOKS, AND INSURANCE</td>
<td>Summer educational cost (if applicable) (d)</td>
<td></td>
</tr>
<tr>
<td>TOTAL EDUCATION EXPENSES</td>
<td>Add items (a) through (d) for total estimated educational expenses (e)</td>
<td></td>
</tr>
</tbody>
</table>

B. LIVING EXPENSES

The figures below are estimates for a 12-month period. If receiving free room and board from a sponsor, indicate here the cost the sponsor incurs and list the sponsor under “funds from another source” in Section 3.

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROOM/BOARD</td>
<td>Minimum of $14,143 (f)</td>
<td></td>
</tr>
<tr>
<td>TRANSPORTATION</td>
<td>Minimum of $228 (g)</td>
<td></td>
</tr>
<tr>
<td>PERSONAL/MISC.</td>
<td>Minimum of $2,000 (h)</td>
<td></td>
</tr>
<tr>
<td>TOTAL LIVING EXPENSES</td>
<td>Add items (f) through (h) for total estimated living expenses, minimum of $16,371 (i)</td>
<td></td>
</tr>
</tbody>
</table>

C. DEPENDENT EXPENSES (IF APPLICABLE)

NOTE: It is the student’s responsibility to provide health insurance for dependent(s) immediately upon their arrival in the U.S.

Check the appropriate box below:

- ☐ 1 Dependent $691 per month
- ☐ 2 Dependents $971 per month
- ☐ 3 Dependents $1,196 per month
- ☐ 4 Dependents $1,425 per month
- ☐ 5 Dependents $1,647 per month

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL DEPENDENTS</td>
<td>Multiply X (j) months for total estimated dependent expenses</td>
<td></td>
</tr>
<tr>
<td>TOTAL EXPENSES</td>
<td>Add the amounts in (e), (i), and (j) for total expenses $</td>
<td></td>
</tr>
</tbody>
</table>

*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 during the number of months specified in Section 2.
- Students must be able to show sufficient funds to meet the total expenses shown in Section 2.

<table>
<thead>
<tr>
<th>PERSONAL FUNDS/SAVINGS</th>
<th>(k)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FUNDS FROM THE U OF M</td>
<td>(l)</td>
</tr>
<tr>
<td>(“Bring documentary funding evidence for the number of months specified in Section 2) [Specify Type (Examples include assistantships, fellowships, on-campus employment, etc)]</td>
<td></td>
</tr>
<tr>
<td>FUNDS FROM ANOTHER SOURCE</td>
<td>(m)</td>
</tr>
<tr>
<td>[Specify Source (Examples include family)]</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL FUNDING: Add the amounts in (k), (l), and (m) for total funding: $ 

SECTION 4: CERTIFICATION BY THE STUDENT

STATEMENT: I certify that the statements given by me in Sections 1 through 3 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 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. If I am applying for ISSS/University financial aid, I know that it is possible to lose funding if the information I have provided on this document is not consistent with the information on my financial aid application. I understand that, before making a decision about temporarily leaving the US, I may discuss the impact of my financial aid status with a financial aid adviser at ISSS.

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

By signing below, I verify that I understand the above information. I agree to comply with any decisions - financial or otherwise - that International Student & Scholar Services makes based upon the information I have given them.

Student’s Signature

ISSS will complete this section:

- Enrollment: [ ] (# of credits)
- Program Plan
- Holds
- U of M employment verification
- COS: Requested begin date/semester on I-20:
- Give I-20 due date slip to student
- I-20 expiration date
- Date submitted to ISSS [ ] [ ] [ ]
- International student adviser initials [ ]

Adviser Comments