

International Students, Other than Canada or Norway

International students sponsored by BSC for a student visa must document their ability to meet all educational and living expenses for the first year of their intended study before Bismarck State College 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 BSC 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. International students may apply for BSC's International Student Tuition Waiver after they have completed the declaration of finance and been accepted as a BSC student.

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 UHCSR and will receive information from UHCSR regarding enrollment.

Instructions:

This form is to be used by international applicants who are not residents of Canada or Norway.

Complete the form in its entirety in English and using U.S. dollar amounts. You must answer all questions completely.

Step one: Personal and Dependent Information

Name as it appears on your passport: _____

Country of Citizenship: _____ Date of Birth: _____

Permanent mailing address (in home country- must be your own address and not that of a relative. P.O. box not permitted)

Street: _____ City: _____

Province or State: _____ Country: _____ Postal Code: _____

Admit Term: Fall Spring 20____

Program of Study: _____

How long do you plan on studying at Bismarck State College? 1 year 2 years 3 years

Does your country have currency restrictions that limit the amount of money that may be released to you each year in U.S. dollars? Yes No If yes, please specify the amount allowed and for what period of time: _____

What is the current rate of exchange for U.S. dollars in your country? \$1 (U.S) = _____

Do you have any dependents that will come with you to the U.S.? Yes No

If yes, list name, relationship, birthdate, and country of birth of 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

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.

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

BUDGET (Academic Year)	
Tuition	\$8,429.00
Fees	\$878.00
Room & Board	\$7,791.00
Student Health Insurance	\$1,978.00
Misc Expenses (estimate)	\$3,000.00
Total (Based on 15 credit hours)	\$22,076.00

Are you planning to live on campus? Yes No

How much money will you bring with you? _____

How many years are you guaranteed this financial support? 1 year 2 years 3 years

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. Please initial and indicate that you understand this requirement. _____

SOURCE OF FUNDS	AMOUNT	REQUIRED DOCUMENTATION
Personal Savings: Name of Bank: _____ Account Holder: _____		Attach a statement of account from bank showing all deposits and withdrawals from the prior 6 months
Other Self-support: Salary while on leave of absence Other income		Attach statement from employer or documentation of other income
Family/Relative/Sponsor: Name: _____ Savings: _____ Salaries: _____ Other income: _____		Attach sponsor and bank official's signature on documentation of bank information. Attach salary statement from employer for salary verification. Attach documentation of other income.
Scholarship or Waiver: Scholarship 1: _____ Scholarship 2: _____ Scholarship 3: _____		Attach a letter from the sponsoring agency providing scholarship or waiver award details.
Other Support: Type and source: _____		Attach a letter from the person or organization giving details of support.
Total:		Must equal or exceed \$22,076.00 plus any additional funding for dependents as appropriate.

Step three: Verification of information provided

Complete the bank accounts and sponsor certification fields. Sign the form. Please note: Your admission will not be processed without an official signature and certification from point of origin of funds (bank).

Bank Official's Certification	Financial Sponsor's Certification
<p>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.</p>	<p>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.</p>
<p>Name of Bank: _____</p>	<p>Sponsor's name: _____</p>
<p>Bank Official's Name: _____</p>	<p>Signature: _____</p>
<p>Bank Official's Title: _____</p>	<p>Address: _____ _____</p>
<p>Bank Official's Signature: _____</p>	<p>Relationship of sponsor to student: _____</p>
<p>Place stamp of bank over signature.</p>	<p>If sponsor resides in U.S., please indicate citizenship or immigration status:</p>
<p>Date: ____/____/____</p>	<p>U.S. Citizen Immigrant Non-immigrant (visa type) _____</p>
<p>Please provide original or certified copy of bank statement.</p>	<p>Please provide original or certified copy of bank statement.</p>

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 Bismarck State College and that with the exception of any scholarship or assistantship already offered to me by the college, I do not expect Bismarck State College to provide me with financial assistance or employment. I also certify that the information provided here is correct and complete.

Student's printed name: _____

Student's signature: _____

Date ____/____/____

Return this form to:

**Bismarck State College
International Admissions
PO Box 5587
Bismarck, ND 58506-5587
U.S.A.**