



International Student Agreement

Minnesota North College
International Student Admissions
1851 US Highway 169
Grand Rapids, MN 55744
Phone (Local): 218.322.2340

PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM

As a condition to my admission, I agree to the following:

- I understand that this application and supporting documents become the property of Minnesota North College regardless of the admission decision. As such, once the documents are received by Minnesota North, the documents will not be returned to the applicant/student.
- I understand that I am required to pay ALL tuition and fees (which includes mandatory purchase of health insurance) by the designated payment deadline date EACH semester. If I do not pay by the deadline date, I understand I will be prohibited from registering for future semesters. By failing to register, my nonimmigrant status as an F-1 student will be terminated and I will be required to leave the country within 15 days.
- I will have available sufficient funds for tuition, fees, health Insurance and living expenses for each year I study at Minnesota North College. I recognize that the cost of living is high, that financial aid from the College is not available, and that as a general rule, International students are not permitted to work off campus.
- I am solely responsible for understanding the rules and regulations for being on a student visa in the United States. Minnesota North College is not responsible for maintaining my nonimmigrant status.
- I authorize Minnesota North College to release to any U.S. Government Officer information required to determine my compliance with non-immigrant visa requirements and laws. Furthermore, I understand that Minnesota North will report to U.S. Homeland Security students who are not registered, are not pursuing a full course load (12 credits) each semester, or are not meeting the minimum academic standards of the College.
- I agree to purchase the Minnesota State system International Student Health Insurance Plan and pay in full for the year prior to the start of the semester as a condition of admission and continued enrollment (Estimated cost of \$2500/year). I understand the only exception to this requirement is if my sponsoring government or agency certifies in writing that coverage is in effect under a plan provided by my sponsoring government or agency, per [Minnesota State system Board Policy 3.4.1 part 3, subpart B.2.](#)
- I agree to attend all required sessions of New Student Orientation on my campus. I will arrive on or before the program start date as stated on the I-20 form.
- I declare that all the information I have submitted for my application for admission is true, correct and complete.
- I understand and will comply with the requirements as stated on this agreement. I understand that falsification of any information will jeopardize the issuance of an I-20 and/or may result in Minnesota North College revoking my acceptance.

I certify that I understand and accept all conditions above and agree to abide by them.

Printed Name of Applicant: _____
(Last or Family Name/Surname) (First or Given Name) (Middle Name)

Applicant Signature (Required): _____ Date: _____



Certificate of Financial Responsibility

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International Student Admissions
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DISCLAIMER: The estimated expenses listed on this form may be changed without prior notice. Please contact us for current estimates and financial requirements.

READ CAREFULLY: You are required to submit documentation of financial resources or support greater than or equal to the estimated annual expenses totaling \$17,951 USD. Do not include any anticipated employment in the U.S. as part of your financial certification.

2025-2026 Academic Year Estimated Expenses (USD) for a Single International Student	Total for Academic Year (2 Semesters)
Tuition/Fees (15 credits per semester)	\$6,291
Housing & Meals (average of available options)	\$7,000
Books & Supplies	\$660
Health/Medical Insurance (required with limited exceptions)	\$2,500
Personal Expenses (transportation, clothing, entertainment, etc.)	\$1,500
TOTAL ANNUAL EXPENSES (ESTIMATE)	\$17,951

Complete the table below:

FUNDING SOURCES – Total MUST equal or exceed \$17,482 per year. Complete all that apply. Enter amount of guaranteed support for the first year in U.S. Dollars. These funds, plus expected increases, must be available for each year of study.		
Source of Funds	Amount (in USD)	Supporting Evidence (attach with form)
Student's Personal Savings	\$	Bank statement/Letter from bank on official bank letterhead dated within the last 3 months. Name on statement must match name of student.
Family or Sponsor Name(s):	\$	Bank statement/Letter from bank on official bank letterhead dated within the last 3 months with sponsor's full name and address.
Government Agency, Private Foundation, University or Business Name(s):	\$	1. Official letter of support 2. Bank statements, affidavits, or sworn statements
Scholarship or Loan Awarded by:	\$	1. Official award letter 2. Loan approval letter
TOTAL AMOUNT	\$	
Must equal or exceed \$17,951 USD		

Original signatures are required to certify that the information provided on this form is complete and accurate. By signing this form, you are acknowledging that any false or misleading statements will result in an automatic denial of admission, or cancellation of registration following enrollment.

Student Name: _____ Signature: _____ Date: _____

Sponsor Name: _____ Signature: _____ Date: _____

Sponsor's Relationship to Student: _____