Minneapolis College of Art and Design <b>FINANCIAL CERTIFICATION FORM</b> All international students who hold an F-1 Student Visa or who makes the apply for any must complete this	<b>Estimated</b> international <u>MFA</u> student expenses for the 2023/2024 <b>academic</b> year (August-May):	
who plan to apply for one must complete this form accurately and return it with the application for admission. We reserve the right to withhold the I-20 until the certification of required funds is received.	Tuition MCAD Fees Books & Supplies Room - on/off campus	
A student coming to the United States with insufficient funds to cover expenses will encounter many difficulties. If funds are exhausted after the student enrolls, the College and the U.S. Immigration Service could require	Board - on/off campus Health Insurance Visa Fees Personal Expenses	\$3300 \$2400* \$1260
that the student's registration be cancelled and that the student return to the home country.	Total	\$64,074**
Please Note: Students on an F-1 Student Visa are not allowed to work off-campus and must attend school full- time during the regular academic year.	*Subject to change. ** This estimate does not include owning or maintaining a car, car insurance or travel/transportation	
Student Name Given/First name Family/Last name	Middle name (if any) P	referred/English name
Country of Citizenship Country of Birth Date of Birth (	<b>MONTH day, year</b> ) ex: Febru	ary 8, 1995
Current Home/Mailing Address	Country Zi	o Code
Phone Number	Pronouns	
Address to send your I-20 to (if different from above) *must be able to	o receive UPS packages here	9
Current or school Email Address Alternative Ema	ail Address (yahoo, gmail, hot	mail, etc)
Are you currently studying on an F-1 visa? If yes, what SEVIS number?	is your N00	]
Intended Major: (Animation, Fine Art Studio, Furniture Design, Graphic Design, Illustration, Photo Sculpture, Web & Multimedia Environments)	Comic Art, Drawing/Painting graphy, Print/Paper/Book, Pr	

## DOES YOUR COUNTRY RESTRICT FUNDS FROM ABROAD FOR EDUCATIONAL PURPOSES?

Circle: NO YES If yes, explain: \_\_\_\_\_

## Student's Source of Funds

Student's Personal Savings Amount in US dollars	\$ \$
Parent's and/or Sponsor's Contribution	\$ \$
Your Government Name of Agency	\$ \$
Other or <b>MCAD Scholarship</b> TOTAL	\$ \$

These totals should equal or exceed the above amount- MCAD's estimate of expenses for 1 year (see front)

IMPORTANT: Please attach a signed letter by the bank official showing funds for each of the sources indicated above and complete the appropriate sections below. If you have a scholarship, award or government sponsorship, please attach an official letter from the source verifying the terms, conditions and duration of the award, etc.

## Student Statement:

- I certify that the above information is accurate and complete and that I will notify MCAD of any change in my financial circumstances.
- I understand that any misrepresentation may be cause for refusing or revoking admission.
- I will have sufficient funds in U.S. currency available to me for each academic year (up to twelve months) to cover the educational and living expenses, plus adequate funds for my travel to and from the U.S. and for personal expenses.
- If I remain in the U.S. during summer break, I will have sufficient funds to cover living and travel expenses for myself. If I attend summer school, I will have sufficient funds to cover tuition and fees, books and supplies.
- These funds can and will be provided during my entire period of studies by the individual parent or sponsor noted below or by the agency noted on the attached verification bank loan or government grant statement.
- I can arrange to have necessary funds transferred to the U.S. and available to me prior to final registration each semester.
- I understand that my educational and living expense will increase between 3 5% each year at MCAD, and I will be prepared to increase the amount of my sponsorship each year. I realize that no additional scholarship, U.S. or MCAD financial aid or work-study will be available after I enroll.

**Student Signature:** 

Date:

## Parent's/Sponsor's Statement:

- I certify that the above information on my financial situation is accurate and complete and that I will guarantee financial support to the student named on this Financial Certification Form while he/she is studying and MCAD.
- I can and will provide the above-indicated funds needed in accordance with the stipulations of this MCAD Financial Certification Form. I realize that the educational and living expenses at MCAD will likely increase each year and am prepared to increase the amount of my sponsorship accordingly each year.

Parent or Sponsor Name:	
Parent or Sponsor Address:	
Parent or Sponsor's telephone numbers: (home)	
(cellular or mobile)	(Email)
Parent or Sponsor's relationship to student (for exam	ple father, mother, uncle, aunt, church sponsor, etc.):
I do hereby certify that I am the parent or sponsor of	the above-mentioned student. I am employed at/by:
Parent or Sponsor's Signature:	Date:
	Ise Adobe "Fill & Sign"
Submit completed form to:	

Student Affairs student\_affairs@mcad.edu