

## International Student Financial Certificate

MSU International Admissions, 400 Culbertson Hall, Bozeman, MT 59717 USA

### Please Print or Type All Information

Semester applicant expects to enter (check one):

Fall Semester 20\_\_\_\_  Spring Semester 20\_\_\_\_  Summer Semester 20\_\_\_\_

#### COMPLETE LEGAL NAME

\_\_\_\_\_  
LAST OR FAMILY NAME

\_\_\_\_\_  
FIRST OR GIVEN NAME

\_\_\_\_\_  
MIDDLE / MAIDEN NAME

#### PERMANENT ADDRESS

\_\_\_\_\_  
STREET AND NUMBER

\_\_\_\_\_  
CITY OR TOWN / POSTAL CODE

\_\_\_\_\_  
COUNTRY

Check the box below if you plan to take advantage of employment opportunities on campus.

**CAMPUS EMPLOYMENT** U.S. \$2,000 can be included as a means of support on your I-20 if you agree to work at least 10 hours per week on campus during the academic year.

Your application for admission will not be considered unless both statements below are completed. In addition a bank statement or other form of documentation of financial support must be provided to assure that funds are available for the first year of study. Fees are determined by the Montana Board of Regents annually and are subject to change. Keep a copy of these documents for your records. It may be necessary to show verification of financial status at the U.S. port of entry.

#### SPONSOR'S STATEMENT

I, \_\_\_\_\_ do hereby guarantee that \_\_\_\_\_

NAME OF SPONSOR

NAME OF STUDENT

will have a minimum of **\$27,500** (twenty seven thousand five hundred U.S. dollars) in addition to travel expenses for the round trip from the student's home to Montana State University for each academic year that this person is a student at Montana State University.

\*(less \$2,000 if campus employment option is selected above)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

MONTH DAY YEAR

Signed \_\_\_\_\_

SPONSOR

\_\_\_\_\_  
RELATIONSHIP TO STUDENT APPLICANT

#### APPLICANT'S STATEMENT

I certify that all statements on this form are true and accurate, and that funds will be provided as specified above. I will notify Montana State University of any changes in my financial circumstances or that of my sponsor. I understand that, should I be admitted and register, failure on my part or that of my sponsor to provide the needed funds will result in cancellation of my registration and termination from the undergraduate program at Montana State University. I authorize MSU to send bills to and communicate with my sponsor as necessary to assure payment of outstanding charges to Montana State University.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

MONTH DAY YEAR

Applicant's signature \_\_\_\_\_

SIGN COMPLETE LEGAL NAME