**University of Minnesota Duluth 2023-2024 Academic Year Financial Certification Statement for International English Language and Culture (ELCI) Students**

U.S. government regulations require that the University maintain records showing that you have met its financial requirements, as well as its academic and language proficiency requirements. You are responsible for demonstrating that you have sufficient funds to meet all educational and personal expenses for the duration of your F-1 status at the University. You must fill out all the information on this form before the University of Minnesota will issue you an I-20.

You must certify that you have at least the amount necessary to cover your tuition, fees, and living expenses for your first academic year (12 months). If you attend summer session and/or bring your spouse or other dependents with you to the United States, you must certify that you have the additional amount necessary to cover those costs.

**Return this form to:** Office of International Admissions at [umdadmis@d.umn.edu](mailto:umdadmis@d.umn.edu) .

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| **Expenses estimated at the University of Minnesota Duluth** | | **Non-resident** |
| **Non-resident tuition and mandatory fee (full-time status)** | | $14,089 |
| **Books and supplies (estimate)** | | $500 |
| **Health insurance (mandatory for all students)** | | $3,468 |
| **Room and Board** | | $9,638 |
| **Subtotal** | | **$27,695** |
| **Personal expense allowance** | | $3,456 |
| **Total annual expenses** | | $**31,151** |
| **List your resources in U.S. dollars.** | | |
| **Personal funds** | | $ |
| **Family funds from abroad** | Name of source | $ |
| Their relationship to you |
| **Scholarship, grant, or loan** | Name of source | $ |
| Address of source |
| **Funds from another source** | Specify type of funds | $ |
| Name of source |
| Address of source |
| **Your total resources should equal or exceed your “ Total annual expenses” above**. | | $ |
| **I certify the above information is complete, accurate, and true.** I take full financial responsibility for all of my educational and personal expenses. I understand that the University of Minnesota accepts no responsibility for my financial needs.  Applicant’s name (please print) Applicant’s signature | | |