FINANCIAL CERTIFICATION STATEMENT

2009-2010 Academic Year

U.S Department of Homeland Security 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 certify that you have at least the amount necessary to cover your tuition, fees, room, board and health insurance 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.

For 2009-2010, demonstrated funding should equal at least $21,530. An application will not be reviewed for admission if this form is incomplete or that you do not show adequate financial resources. Mail the completed form to Office of Admissions, University of Minnesota, Morris, 600 East 4th Street, Morris, MN 56267 USA. This form may also be faxed to (320) 589-1673.

<table>
<thead>
<tr>
<th>DIRECT EXPENSES</th>
<th>INDIRECT EXPENSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$8,848</td>
</tr>
<tr>
<td>Fees</td>
<td>$1,886</td>
</tr>
<tr>
<td>Room</td>
<td>$3,280</td>
</tr>
<tr>
<td>Board</td>
<td>$3,866</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>$1,600</td>
</tr>
<tr>
<td>Sub-total</td>
<td>$19,480</td>
</tr>
</tbody>
</table>

TOTAL DIRECT COST PER YEAR: $21,530

Note: these figures do not include travel or summer living expenses.
For more detailed information please visit: http://www.morris.umn.edu

RESOURCES
Please list amount of financial support in US dollars

**Personal or Family Savings**
Name on Account: ____________________________________________
Relationship to Student: ________________________________
Guaranteed Support $________ USD

**Family Funds/Sponsor or Other Support**
List name and relationship to you:
________________________________________________________
Guaranteed Support $________ USD

**Scholarship, grant or loan**
Name of Agency: __________________________________________
Address: ________________________________________________
Guaranteed Support $________ USD

**Applicant’s signature**
I certify that 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, Morris accepts no responsibility for my financial needs.

(Please print) Last or Family Name ____________________________  First  Middle  Former

Date of birth ____________________________

Signature ____________________________________________  Date ________________