

## **International Student Agreement**

By signing this form, I certify that I understand and accept the following conditions and agree to abide by them. As a condition of my admission, I agree to the following:

- I understand that I am required to pay ALL tuition and fees by the designated payment deadline EACH semester. If I do not pay by the deadline date, I understand my classes will be CANCELLED. If my classes are cancelled, I am in USCIS violation.
- I will have available sufficient funds for tuition, fees and living expenses for each year I study at Minnesota State University Moorhead. I recognize that the cost of living is high, that financial aid from the university is not available and that international students are not permitted to work off campus. There may be limited on-campus employment; however, MSUM does not guarantee employment. My chances of working on campus the first year are low and I understand that not all students who look for work will get a job. I understand that my sponsor will be expected to cover my expenses for the entire duration of my schooling.
- I am responsible for understanding and abiding by the rules and regulations of being on a student visa in the United States.
- I authorize Minnesota State University Moorhead to release to any U.S. government officer information required to determine my compliance with U.S. immigration laws. Further, I understand the university will report all information required by the U.S. Citizen & Immigration Service (such as students who are not registered, are not pursuing a full course of study or are not meeting the minimum academic standards of the university.)
- I agree to purchase the Minnesota State Colleges and Universities System Health Insurance Plan as a condition of admission and continued enrollment. Exemptions maybe granted to students with governmental insurance, though these students must obtain a qualifying letter from their government. Annual payment will be required at the beginning of Fall Semester and on a sliding scale the following semester. I give permission to allow MSUM to release my date of birth to the insurance company.
- I will arrive on or before the reporting date on my Form I-20.
- I will attend the mandatory Orientation at the beginning of my first semester at Minnesota State University Moorhead or a hold will be placed on my MSUM account. I will then have to resolve this hold issue with International Student Services i n order to register for classes.
- I declare that all the information I have submitted for my application is true, correct and complete.
- I understand I will comply with all of the requirements as stated on this agreement. I understand that falsification of any information will jeopardize the issuance of a Form I-20 and/or may result in Minnesota State University Moorhead revoking its decision to enroll me as a student.
- If I am a transfer student from another U.S. college or university, I will bring an up-to-date, current copy of my Form I-20 to International Student Services upon my arrival to Minnesota State University Moorhead.

Printed Name of Applicant:	First Name	Middle Name	La	st Name/Surname
Signature of Applicant:				Date: