

# Sponsor Form

**Sponsor: Please fill out the information below and provide an official bank statement with this form. One sponsor per form.**

Applicant Name: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address:

\_\_\_\_\_  
(Street and Number)

\_\_\_\_\_  
(Street and Number)

\_\_\_\_\_  
(City) (Province/State)

\_\_\_\_\_  
(Country) (Postal Code)

Are you sponsoring any other students currently studying in the United States?  Yes  No

If Yes, Student's Name: \_\_\_\_\_

School Student is Attending: \_\_\_\_\_

*I certify with my signature that I have read the information furnished by the applicant on the application, that it is true and accurate, and that the funds are available and will be provided as specified.*

Signature of Sponsor: \_\_\_\_\_

Date: \_\_\_\_\_

# 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 may be 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 in 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.
- **If I am a transfer student from a college or university outside of the United States, I will have done either an ECE or WES evaluation prior to my arrival to MSU and have a copy sent to International Student Services upon my arrival to Minnesota State University Moorhead.**

Printed Name of Applicant: \_\_\_\_\_  
(Last Name/Surname) (First Name) (Middle Name)

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

# International Student Transfer Form

**ONLY students currently attending colleges and universities in the United States should complete this form.**

If you are currently attending a college or university in the United States, please have your international student advisor at that institution complete this form and return it to Minnesota State University Moorhead International Student Services.

Student: \_\_\_\_\_  
(Last Name/Surname) (First Name) (Middle Name)

Student's U.S. Social Security Number (if previously assigned): \_\_\_\_\_

I hereby authorize the international student advisor at the most recent U.S. university/college I attended to complete this form and mail, e-mail or fax it directly to International Student Services at Minnesota State University Moorhead.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## International Student Advisor:

The international student whose name appears above has applied for admission to Minnesota State University Moorhead. Before the student's USCIS transfer process is complete, we need verification of the information provide on the student's application form, as well as completion of the questions below:

1. Is the student in good standing at your institution?  Yes  No
  - A. Has this student maintained full-time academic status as required by USCIS?  Yes  No
  - B. Is the student eligible to return or continue at your institution?  Yes  No
  - C. Student's initial date of attendance: \_\_\_\_\_
  - D. Student's last date of attendance: \_\_\_\_\_
  
2. What visa status does the student currently hold? \_\_\_\_\_
  - A. Please list the student's SEVIS Number: \_\_\_\_\_
  
3. Please list any approved periods of CPT/OPT: \_\_\_\_\_
  
4. Please list any approved periods of reduced course load, medical or other: \_\_\_\_\_  
\_\_\_\_\_
  
5. Has the student experienced any financial problems while attending your university?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

International Student Advisor Name: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of International Student Advisor

Date

**Please return form to Minnesota State University International Student Services at:**  
1104 7<sup>th</sup> Avenue South, Moorhead, MN 56563, [international@mnstate.edu](mailto:international@mnstate.edu) or fax: (218) 477-5928