



Certificate of Finance Form – Canada 2020-2021

PRINT AND COMPLETE THIS PAGE. PLEASE SUBMIT TO:

Williston State College | Enrollment Services | 1410 University Avenue | Williston, ND 58801

wsc.admission@willistonstate.edu | Fax: 701.774.4211

As per federal regulations, students from other countries studying in the US are required to demonstrate the ability to fund their studies while in the US through approved documentation. This form must be completed and submitted to Enrollment Services along with adequate financial documentation. **An I-20 will not be issued without all admissions and satisfactory financial documentation received. Please write clearly.**

Student's Personal Information (Name should appear exactly as on passport):

Family (Last) Name	First (Given) Name	Middle Name(s)
Start Term & Year (Ex. Fall 2019)	Academic Program/Degree	Student ID #
Country of Birth	Date of Birth (Month/Day/Year)	Country of Citizenship

Your Current Status – Please choose one:

- ☐ I am NOT currently in the U.S. and do not have an active F-1 or M-1 SEVIS record
- ☐ I am NOT currently in the U.S. but have an active F-1 or M-1 SEVIS record. (You will need to complete the SEVIS transfer form)
- ☐ I am currently in the U.S. with an active F-1 or M-1 SEVIS record and would like to transfer my current record to WSC. (You must complete the SEVIS transfer form)
- ☐ I am currently in the U.S. but will be returning to my home country to apply for a F-1 or M-1 visa
- ☐ I am currently in the U.S. in another status and would like to change my status to F-1 or M-1 while remaining in the U.S.
 - What is your current status in the U.S. _____

I-20 Contact Information:

Foreign Permanent Address (Your physical address where you live in your home country):

Do not list a relative's U.S. address. A foreign address is required for SEVIS. Do not list a P.O. BOX.

Street Address: _____

City, State/Province: _____

Country, Zip/Postal Code: _____

Foreign Telephone Number: Country Code (_____) Phone (_____)

Email Address: _____

Estimated 2020-2021 Academic Year Expenses (please select the column that best describes your program):

Type of Expense	Academic Year Expenses (USD)						
	All Programs	PN	ADN	Massage	Welding	Transportation	Petroleum
Tuition and Fees	\$5,863	\$7,376	\$7,108	\$6,473	\$7,119	\$7,855	\$5,902
Program Specific Misc.	\$0	\$991	\$1,700	\$0	\$0	\$1,000	\$0
Room (Housing)	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000
Board (Meal Plan)	\$3,798	\$3,798	\$3,798	\$3,798	\$3,798	\$3,798	\$3,798
Books and Supplies	\$1,100	\$1,900	\$1,550	\$1,100	\$1,100	\$1,100	\$1,100
Transportation	\$1,170	\$1,170	\$1,170	\$1,170	\$1,170	\$1,170	\$1,170
Personal Expenses	\$2,230	\$2,230	\$2,230	\$2,230	\$2,230	\$2,230	\$2,230
TOTAL EXPENSES	\$18,161	\$21,465	\$21,556	\$18,771	\$19,417	\$21,153	\$18,200
Expenses to add for spouse/dependent:	Spouse: \$12,000 1 st Dependent: \$4,200 Each Additional Dependent: \$3,500						

Financial Support:

List an amount for each section, even if the amount contributed is \$0. Total amount of funds must be equal to or greater than Total Expenses listed above. All funds must be listed in US Dollars and be accompanied by appropriate supporting documentation.

Funding Source	Sponsor/Scholarship Name	Amount of Funds (US Dollars)
Personal (Student Funds)	Student's Name:	
Family/Relative	Name:	
Other Sponsor (Non-relative Individual)	Name:	
Scholarships/Waivers	Scholarship: Scholarship: Scholarship:	
TOTAL AMOUNT OF FUNDS		

I-20 Mailing Information:

Please mail my I-20 to the following address (must be a physical address):

*WSC uses FedEx to mail I-20's. An I-20 will not be mailed to a P.O. Box. **Student is responsible for mailing charges. Mailing charges will be posted to the student's Campus Connection Account.***

Recipient's Full Name: _____

Street Address: _____

City, State/Province: _____

Country, Zip/Postal Code: _____

Contact Phone Number for Package: Country Code (_____) Phone (_____)

Student Signature:

I, _____ (Student's Name), certify that the total amount of funds listed above are available for my studies at Williston State College. I acknowledge that the estimated academic year costs provided on this form are estimates and that my exact costs may vary. By signing below, I certify that the information provided above is accurate and complete and that I shall notify Williston State College immediately with any changes to my financial circumstances.

Student Full Name: _____

Student Signature: _____ Date: _____

Sponsor(s) Signature(s):

I, _____ (Sponsor's Name), certify that I am able and willing to provide _____ (Student's Name) whom is my _____ (relationship) the minimum amount of \$ _____ US dollars for his/her total expenses for a minimum of one academic year at Williston State College.

Sponsor's Full Name: _____

Sponsor's Signature: _____ Date: _____