

# International Student Declaration of Finances Form

If it is determined that you are admissible to the Northern Marianas College, NMC will provide you with an I-20 only after you have demonstrated adequate evidence that you have the sufficient funds to cover your proposed program of study. Acceptable financial documents must not have been issued more than six (6) months prior to the term you intend to enroll at NMC and must accompany this form. Be sure to keep copies of these documents, as you will need to present them to the U.S. Consular Officer during your visa interview and to U.S. Customs and Border Protection Officers at the Port of Entry.

**IMPORTANT:** U.S. visa regulations restrict student employment, and for that reason, it is vital not to rely on employment for income to offset your educational expenses.

## Estimated International Student Budget

Budget reflects 12 months\*, 12 credits Fall & 12 Credits Spring

2018-2019	Undergraduate	Dependent Costs***	Spouse	Each Child
Tuition	\$ 4,560.00	<b>Total Estimated per Year</b>	<b>\$7,500.00</b>	<b>\$10,140.00</b>
Fees	\$ 1,360.00			
Books & Supplies	\$ 1,600.00			
Room & Board	\$ 9,000.00			
Transportation	\$ 3,100.00			
Personal Expenses	\$ 2,100.00			
Insurance (optional)	\$ 3,852.00			
<b>Total Budget Amount</b>	<b>\$21,720.00</b>			
<b>BSBM, ASN or BSEE**</b>	<b>\$24,720.00</b>			

\*Room & Board, Transportation, Insurance, and Personal Expenses. Tuition, Fees, Books & Supplies are based on an academic year calendar.

\*\*Cost of attendance for students enrolled in the upper level courses in BS in Business Management, BS in Education or AS in Nursing programs.

\*\*\* Students with dependents add **\$7,500.00** per year for your spouse and **\$10,140.00** per year for each child.

PLEASE LIST AND DOCUMENT THE AMOUNT OF MONEY AND THE RESOURCES OF YOUR FINANCIAL SUPPORT DURING YOUR PROGRAM OF STUDY AT NMC.

Source of Funding	Documents Required	Amount of Support
<input type="checkbox"/> Personal Savings (Self-Sponsor)	Original bank statement with date account opened, average and current balance, not more than six (6) months prior to the term you will enroll at NMC.	\$ _____
<input type="checkbox"/> Sponsor (Family or Friend)	Same as above + affidavit of support section below.	\$ _____
<input type="checkbox"/> Salary While on Leave	Original validated letter from employer.	\$ _____
<input type="checkbox"/> Government or Sponsoring Agency	Original validated letter from Government or Sponsoring agency.	\$ _____

### AFFIDAVIT OF SUPPORT

To be completed by a parent, family guarantor, or applicant even if support is personal funds.

I hereby certify that I am willing and able and that I do promise the amount of \$ \_\_\_\_\_ per year payable in U.S. dollars for educational expenses of (student's name) \_\_\_\_\_, who is my (relationship) \_\_\_\_\_ while at the Northern Marianas College. Documentation of my financial resources is attached to this affidavit of support.

Signature of Sponsor \_\_\_\_\_ Name of Sponsor (printed) \_\_\_\_\_  
 Address of Sponsor \_\_\_\_\_ Date \_\_\_\_\_

#### NOTARY PUBLIC:

On this \_\_\_\_\_ day \_\_\_\_\_ of 20\_\_\_\_, before me appeared \_\_\_\_\_, who executed the agreement contained herein, and duly acknowledge to me that he/she executed the same freely voluntarily for the uses and purposes therein mentioned.

\_\_\_\_\_  
 Notary Public (Print & Sign)

(SEAL)

### CERTIFICATION OF INFORMATION PROVIDED

I certify that all statements on this International Student Declaration of Finances and Affidavit of Support are true and accurate and that the stated funds are available for my education expenses at the Northern Marianas College during the period specified. All copies of documents that I have provided are unaltered and reflect true copies of originals. I agree to notify NMC of any changes in my financial circumstances. I understand that admission to or enrollment at the Northern Marianas College may be denied if any information that I have provided is found to be false. Furthermore, I understand that the information I have provided cannot be given to anyone except to me without my written permission.

Student Signature (required) \_\_\_\_\_ Date \_\_\_\_\_  
 Printed Student Name (required) \_\_\_\_\_