

International Student Financial Certificate

MSU-Great Falls COT Admissions
2100 16th Ave S
Great Falls, MT 59405 USA

Please Print or Type All Information

Semester Applicant expects to enter (check one):

Fall Semester 20____ Spring Semester 20____ Summer Semester 20____

COMPLETE LEGAL NAME

LAST OR FAMILY NAME

FIRST OR GIVEN NAME

MIDDLE/MAIDEN NAME

PERMANENT ADDRESS

STREET AND NUMBER

CITY OR TOWN/POSTAL CODE

COUNTRY

Your application for admission will not be considered unless both statements below are completed. In addition, a bank statement or other form of documentation of financial support must be provided to assure that funds are available for the first year of study. Fees are determined by the Montana Board of Regents annually and are subject to change. Keep a copy of these documents for your records. It may be necessary to show verification of financial status at the U.S. port of entry.

SPONSOR'S STATEMENT

I, _____ do hereby guarantee that _____
NAME OF SPONSOR NAME OF STUDENT

will have a minimum of \$20,000 (twenty thousand U.S. dollars) in addition to travel expenses for the round trip from the student's home to Montana State University for each academic year that this person is a student at Montana State University – Great Falls College of Technology.

Date ____/____/____
Month Day Year

Signed _____
SPONSOR

RELATIONSHIP TO STUDENT

APPLICANT'S STATEMENT

I certify that all statements on this form are true and accurate, and that funds will be provided as specified above. I will notify Montana State University –Great Falls College of Technology of any changes in my financial circumstances or that of my sponsor. I understand that, should I be admitted and register, failure on my part or that of my sponsor to provide the needed funds will result in cancellation of my registration and termination from the undergraduate program at Montana State University – Great Falls. I authorize MSU-Great Falls to send bills to and communicate with my sponsor as necessary to assure payment of outstanding charges to MSU-Great Falls.

Date ____/____/____
Month Day Year

Applicant's Signature _____
SIGN COMPLETE LEGAL NAME