

# FINANCIAL UNDERSTANDING AND AGREEMENT

This form outlines the requirements necessary for financial support and payment to Concordia. This form is to be completed by student and parents/legal guardian (if student is under age 24 at the time of signing or if considered a dependent with funds provided by a parent). Please complete this form in English and type or print neatly in ink.

**Both student and parent should read and initial each statement.**

Student  
Initial:    Parent  
Initial:

\_\_\_\_\_ I understand United States government regulations require that certification of admission is based on both academic acceptance, as well as **evidence of adequate funds to meet all expenses for a student's proposed course of study.**

\_\_\_\_\_ As an F-1 visa applicant, I must provide **documentary evidence of full annual financial support for the first year of study** and living in the U.S. in order to complete admission requirements and to receive an I-20 for F-1 student status.

\_\_\_\_\_ **I guarantee I have funding for each year of study**, and if requested, will provide Concordia University with proof of adequate funds from readily available financial sources to verify annual support for additional years.

\_\_\_\_\_ I have reviewed anticipated annual expenses for 2026-2027 posted on the Concordia website: [cune.edu/rates](http://cune.edu/rates)

\_\_\_\_\_ I understand the different costs associated with studying in the U.S. – including tuition, fees, books, room and board, travel from home country, personal expenses, mandatory medical insurance, etc. plus annual cost increases.

\_\_\_\_\_ I will provide Concordia with **acceptable financial documents to verify all financial declarations with signed and notarized bank letters on bank letterhead in English** listing account totals in U.S. dollars.

\_\_\_\_\_ I will ensure all sponsors complete a **Sponsor Support Statement** and provide **signed and notarized bank letters on bank letterhead.**

\_\_\_\_\_ I understand if I am bringing any dependent family members, additional support per dependent is needed to cover increased cost of living expenses, travel and insurance. (Dependents cannot legally work in the U.S.)

\_\_\_\_\_ I must pay all **first semester fees by August 1 (for fall semester starts) or January 1 (for spring semester starts)**. Subsequent semesters, payment will be due by the second Monday of the semester.

\_\_\_\_\_ If I have questions on payment processes I will contact Student Financial Services at **studentaccounts@cune.edu.**

\_\_\_\_\_ I guarantee I will provide the amounts indicated for my education expenses each year. I verify that this information provided is accurate, and I will notify Concordia of any changes in my financial circumstances.

---

PRINTED NAME OF STUDENT

SIGNATURE OF STUDENT

DATE

---

PRINTED NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

DATE

**Print neatly in ink or type responses**

**Full Name (as appears on passport)** \_\_\_\_\_

**Date of Birth (Month/Day/Year)** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Passport Expiration** \_\_\_\_\_

**Country of birth** \_\_\_\_\_ **Country of Citizenship** \_\_\_\_\_

**Will any dependents come with you to the U.S.?**  No  Yes If yes, list names/relationships: \_\_\_\_\_

**Anticipated program of study** \_\_\_\_\_

Fall  Spring  Year 20 \_\_\_\_\_

**How long do you plan to study in this program?** \_\_\_\_\_

**Please review the current annual costs for tuition, room/board, fees, etc. for 2026-2027: [cune.edu/rates](http://cune.edu/rates)**

Full-time tuition	\$43,000	two semesters
Basic room	\$5,250	two semesters
Unlimited meal plan	\$6,700	campus housing and meal plan (may vary)
Student services fee	\$800	technology/facility/student services
Accident Insurance	\$160	accident only coverage

**Concordia expenses:** **\$55,910**

**Additional expenses - will vary by student - please add these in to your anticipated costs:**

Books & class fees	\$650	estimated two semesters – textbook access program, some course fees
Personal expenses	\$1,500	estimated 10 months - personal care, mobile phone, etc.
Health/medical insurance	\$600-\$1,000	estimated 10 months - athletes plan on \$100+ per month.
Travel expenses	_____	airfare from home to Nebraska, expenses for vehicles
Dependent expenses	_____	only if bringing any F-2 dependent family members

**Indirect expenses:**

**Total expenses:**  = **Anticipated annual cost for studying and living in the U.S.**

**Note yes below for all sources of support and guaranteed amounts - total must meet or exceed total expenses listed above.**

List personal funds, family funds, sponsorship from other people or entities, scholarships from Concordia, government scholarships or other sources of existing funding to show my financial support.

Source of funding	Required documents to be provided	Guaranteed support – in U.S. dollars
_____ Student	Financial Understanding and Agreement (this form) Signed and notarized bank letter	\$ _____
_____ Parents/Guardians	Financial Understanding and Agreement (this form) Sponsor Support Statement (additional form) Signed and notarized bank letter	\$ _____
_____ Sponsors	Sponsor Support Statement (additional form) Signed and notarized bank letter	\$ _____
_____ Government	Certified copy of agency award letter (if any)	\$ _____
_____ Concordia	Scholarship award letter from Concordia	\$ _____

**Total available funds:**

*Should meet or exceed total expenses*