Special Circumstance Application for International Students

1. U.S. Department of Homeland Security regulations require that students demonstrate that they have sufficient funds to meet all the educational and personal expenses for the first year of their program of study and a reasonable financial plan to pay for subsequent years of study at the university in order to obtain a student visa.

2. If there has been an unexpected change in a student’s financial circumstances, the university will consider financial assistance in the form of a grant or tuition discount. Please complete the Special Circumstance Application to inform the International Scholarship Committee of changes to your family’s financial situation that impact your ability to pay educational expenses.

3. To be eligible a student must be a degree-seeking non-immigrant visa holder. Priority is given to F-1 visa holders.

4. Acceptable reasons to file a Special Circumstance Application include:
   - Death or disability of a parent or spouse
   - Divorce or separation of parent or student
   - Medical emergencies or care expenses not reimbursed by insurance
   - Unemployment
   - Business or farm closed due to bankruptcy, foreclosure, or natural disaster

5. Application
   - Complete Special Circumstance Application
   - Write a letter to the International Scholarship Committee explaining:
     - The change in financial situation in detail. It is helpful if you can provide verification from your family or financial sponsor.
     - The contributions you are making to the St. Thomas community.
   - Attach an unofficial transcript (student copy may be downloaded from Murphy Online)

6. Please return the application, letter and supporting documents to:

   University of St. Thomas
   International Scholarship Committee
   Mail # 5014
   2115 Summit Avenue
   St. Paul, MN  55105-1096
Special Circumstance Application for International Students

Student Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>UST ID. Number</th>
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<tr>
<th>Local Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<th>Phone Number</th>
<th>E-mail Address</th>
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TYPE OF FINANCIAL ASSISTANCE NEEDED

I am applying for financial assistance for:

- □ Fall 20___
- □ Spring 20___
- □ January term 20___
- □ Summer 20___
- □ Academic year 20___-20___

ACADEMIC PROGRAM

1. 1st Semester of enrollment at St. Thomas
   - □ Fall 20___
   - □ Spring 20___
   - □ Graduate
   - □ Undergraduate
2. Number of credits remaining: _____ credits
3. Anticipated graduation date: ________________

EMPLOYMENT

Do you work on-campus?
- □ Yes  If yes, how many hours per week? ____ hours
- □ No

Have you applied for permission to work off-campus?
- □ Yes
- □ No

Have you received permission to work off-campus?
- □ Yes  If yes, how many hours per week are you working? ____ hours
- □ No

STUDENT INCOME SOURCE TABLE

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<tbody>
<tr>
<td>Parental or sponsor support</td>
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<tr>
<td>Student gross earnings from work (wages, salary, tips, etc.)</td>
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</tr>
<tr>
<td>Spouse gross earnings from work (wages, salary, tips, etc.)</td>
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<tr>
<td>Other income</td>
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<td>Scholarship</td>
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SIGN THIS WORKSHEET

By signing this worksheet, I certify that all the information reported on it is complete and correct.

Student Signature | Date