F-1 Contract

Please read the following information, initial each line, and sign for agreement. By initialing and signing, you are taking responsibility for being aware of and complying with F-1 visa regulations while a student at NHCC.

1. **As an F-1 visa holder, you are required by the United States government to enroll in 12 or more credits every fall and spring semester.** 12 credits is minimum full-time enrollment. Summer semester is optional.

   _______ Applicant Initial Here

2. **Before registering for classes (and annually each August) you will be required to purchase mandatory medical insurance through NHCC, which costs $1,596 for the 2018-2019 academic year.** Insurance coverage from another policy will not waive this requirement. You will not be able to register for NHCC classes until insurance is paid in full. This cost is noted in the financial certificate that is part of this application packet.

   _______ Applicant Initial Here

3. **You may not be employed off-campus without explicit permission from the United States government.** F-1 visa holders are prohibited from working outside of the school without first receiving employment authorization by the federal government. You are not eligible for this authorization during your first academic year as a student and cannot rely on approval as a funding source. You are eligible to find student worker employment on-campus at NHCC, but work opportunities are limited.

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4. **You are required to pay tuition each semester.** Currently, tuition and fees are $184.74 per credit. 12 credits = $2,216 per semester (fall and spring semester enrollment is required). Payment plans are available. Students must account for textbooks, supplies, and all living expenses in addition to tuition/fees.

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5. **You must maintain consistent communication with your International Student Advisor.** Inform your advisor when your address or phone number change and meet with your advisor regarding your academic program, employment status, and course selection. Your Advisors are your advocates and want you to succeed.

   _______ Applicant Initial Here

I certify that the information I have provided on this application form is complete, accurate, and true to the best of my knowledge. I have read and agree to follow the terms of the above contract. By signing below, I am also acknowledging that no false representation of information has knowingly been made by me or on my behalf.

________________________
Applicant’s Signature

________________________
Date