

Financial Responsibility

Agreement between United Theological Seminary and International Students

I, _____, accept the financial responsibility for the duration of my academic career at United Theological Seminary starting with the _____ Semester of the year _____.

I understand that I am responsible for my health insurance policy for the duration of my stay in the United States. I must provide United with official documentation of my health insurance policy before I will be allowed to attend United Theological Seminary.

I understand that others who contribute to my education are to make checks payable to United Theological Seminary with a notation specifying that the funds are to go to my account.

I fully understand the United Theological Seminary will not be held responsible for any debts of any kind incurred by me or my dependents during my course of study at United.

I hereby verify that I have sufficient funds to pursue education at United Theological Seminary for the full length of my stay at United. I further verify that my dependents will have sufficient funds during my time of study.

I accept full responsibility for my financial affairs and understand that I will be held fully accountable for all my financial responsibilities.

International Student

United Representative

Date

Date

*** This school is authorized under Federal law to enroll nonimmigrant alien students.**

Spirit Led, Renewing the Church!

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