J-1
International Student Application Guide

Non-Degree Short-term Study at Brooklyn College
Dear Student:

Brooklyn College welcomes students from around the world. Students come to Brooklyn College because of our reputation for offering the very best education in the best city in the world. We have laid out this Application Guide to help the prospective international student navigate the process.

Please review the following steps to completing the visiting application and the DS-2019 application:

- **Non-Degree application**: Student must complete Brooklyn College’s J-1 student visitor application to attend Brooklyn College as a visiting student.

- **DS-2019 Application**: Student must complete the Student Exchange Visitors Application Form for the DS-2019.

- **Financial Documents**: In order to qualify for a DS-2019, students must submit bank statements from their sponsors and/or letters from their university guaranteeing coverage of their tuition and fees and/or exchange agreement between Brooklyn College and their university.

- **Home institution acknowledgement**: Students must submit a letter on official letterhead from their home institution acknowledging that the student will be participating in a study abroad program at Brooklyn College.

- **Accompanying documents**: CV or resume, transcripts and proof of English proficiency

- **Passport Biographical Page**

- **Medical Insurance Attestation**: J-1 students must have medical insurance. Please read and sign the attached attestation. Once students arrive to Brooklyn College, they must provide proof of their insurance policy.

- **Orientation Requirement**: All students on a J-1 Visa must attend a mandatory orientation about their J-1 status. Please read and sign the Orientation Requirement form.

- **Immunization Record**: New York State requires all enrolling students to provide documentation proving immunity to measles, mumps, and rubella. Please have your health professional complete the Student Immunization Form.

Please submit these documents to the Office of International Student and Scholar Services

Keisha.Wilson@brooklyn.cuny.edu  or iss@brooklyn.cuny.edu.
-- International J-1 Student Visitor--

INFORMATION

Semester Applying for: ☐ FALL ☐ SPRING ☐ SUMMER YEAR_____

(please print neatly)

Sex: ☐ Male ☐ Female Date of Birth ________________________

Month/Date/Year

Last Name ________________________ First Name ________________________

Middle Name ________________________

HOME ADDRESS

House Number and Street Name

Apartment #

City ________________________________ State/Province ________________________________ Postal Code ________________________________

Country ________________________________

Length of time at the above address (Months and Years)?

Telephone Number(s)

Evening  Day ________________________________

Email Address: ________________________________

Are you a United States Citizen? ☐ Yes ☐ No (If No, then please complete the DS-2019 Application)

Country of Birth ________________________________ Country of Citizenship ________________________________

INSTITUTIONAL INFORMATION

Are you currently a student at a college, university, or institution of higher education outside the United States? ☐ Yes ☐ No

What is the name of your home institution of higher education, college, or university? ________________________________

Who is the contact person at your home institution? Name: ________________________________ Email: ________________________________

Will the credits you earn at Brooklyn College count toward or be transferred to your degree at your home institutions? ________________________________

What is your major or focus of study? ________________________________

Brooklyn College does not discriminate on the basis of age, sex, race, creed, national origin, physical or mental disability, sexual orientation, marital status, veteran’s status, and alienage or citizenship status.
### EDUCATIONAL HISTORY

#### High School(s) Attended

<table>
<thead>
<tr>
<th>School Name</th>
<th>Address</th>
<th>Date Entered</th>
<th>Date Left</th>
<th>Graduation Date</th>
</tr>
</thead>
</table>

#### Universities, Colleges or Other Post-Secondary Schools Attended

<table>
<thead>
<tr>
<th>School Name</th>
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</thead>
</table>

#### Course(s) of Interest

- ____________________________________________________________________
- ____________________________________________________________________
- ____________________________________________________________________
- ____________________________________________________________________

I hereby certify that all the information given in this application is accurate and complete. I understand that all the information contained in this application will be treated confidentially and used for institutional purposes only. I realize that failure to provide complete and accurate information may affect my admission. I understand that my application will not be considered until all the necessary documents are received by the Office of Admissions.

Signature of Applicant  Date

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DS-2019 Student Exchange Visitor Application

The information requested on this form is required for issuance of the Certificate of Eligibility (DS-2019) form. The DS-2019 form is needed in order to obtain the J-1 Exchange Visitor’s Visa and to maintain J-1 Immigration Status. Email this form and attachments to: keisha.wilson@brooklyn.cuny.edu or mail original documents and attachments to: Office of International Student and Scholar Services, Rm 235 West Quad, Brooklyn College, 2900 Bedford Ave, New York, NY 11210.

Background Information

1. Last Name (as it appears in your passport) ____________________________________________

2. First Name (as it appears in your passport) __________________________________________

3. Date of Birth (month/date/year) ____________________________ ☐ Male ☐ Female

4. City & Country of Birth __________________________________________________________

5. Country of Citizenship __________________________ Country of Permanent Residence __________________________

6. Mailing Address ___________________________________________________________________

7. Permanent Overseas Address _______________________________________________________

8. Home Phone # __________________________ Cell Phone # __________________________ Fax # __________________________

9. Email Address ____________________________________________________________________

10. Name of U.S. Contact Person ____________________________________________________

11. U.S. Contact Person’s Address ___________________________________________________________________

12. U.S. Contact’s Home Phone # __________________________ Cell Phone# __________________________

13. U.S. Contact’s Fax # __________________________ Email __________________________

Brooklyn College Information

14. Name of home University ________________________________________________________

15. Academic Program Admitted To: Bachelor’s Degree _________ Master’s Degree _________ Non-Degree _________ Certificate _________ English Language _________
16. Length of Enrollment:  Beginning Date__________________   Ending Date__________________________

17. Field of Study___________________________ Other Proposed Activities ________________________________________
________________________________________________________________________________________________________

Declaration of Finances

Please submit the Financial Support/Declaration of Finances form below. These forms are needed to determine DS-2019 eligibility.

Visa & Immigration Information

18. Have you been in J-1 visa/immigration status for more than 6 of the last 12 months? □ Yes □ No   If yes, list the institution that issued your last DS-2019 form________________________________ Attach copies of previous DS-2019 and J-1 visa stamp.

19. Attach a copy of your passport; include pages that show your passport number, photo, name, country of birth, birth date, expiration date and U.S. visa stamps.

20. Will your spouse and/or children be accompanying you? ______________ If yes, they will need the J-2 dependent visa & immigration status. Please complete the information below for spouse and children accompanying you. Please use the back of this page for additional dependents. Also attaches copies of each dependents passport and U.S. visa stamps.

   Spouse Name_____________________________________________________ Male ____ Female____
   Spouse Date of Birth: _____________________    Country of Birth __________________________________________________
   Country of Legal Permanent Resident: _________________________________________________________________________

   Child Name_____________________________________________________ Male ____ Female____
   Child Date of Birth: ___________________________      Country of Birth____________________________________________
   Country of Legal Permanent Resident: ________________________________________________________________________

21. The U.S. Department of State requires all J-1 and J-2 Exchange Visitors to obtain and maintain medical insurance during their U.S. stay. Please complete and return the J-1 Medical Insurance Requirement form below.
DECLARATION & CERTIFICATION OF FINANCES

☐ Undergraduate Non-Degree: Total amount for ONE SUMMER SEMESTER provided from all sources should be equivalent to $12,243.45. Tuition & Fees: $5,196.45* Living Expenses: $7,047
☐ Graduate Non-Degree: Total amount for ONE SUMMER SESSION provided from all sources should be equivalent to $11,865.95. Tuition & Fees: $4,818.95* Living Expenses: $7,047

Name: _____________________________________ Date of Birth: ______________ CUNY College: ____________________

Current Address: _____________________________________________________________________________________________

Phone#: __________________________ Email Address: ___________________________________________________________

Self-Sponsored Support: Attach bank statement(s) in English.

Annual Amount For: Housing $______________ Living Expenses $______________

Family/Friend Sponsored Support: Each sponsor must submit an Affidavit of Support Form. Attach document showing current address, phone # & email address; bank statement, & proof of income for each sponsor (e.g. tax return, paycheck stub, employer letter on company letterhead-include title, salary & number years worked.)

Name: __________________________________________ Relationship to Student ____________________

Annual Amount Given For: Housing $______________ Living Expenses $______________ Check one of the following boxes. I am providing room only in my home ☐ I am providing room and meals in my home ☐.

Name: __________________________________________ Relationship to Student ____________________

Annual Amount Given For: Housing $______________ Living Expenses $______________ Check one of the following boxes. I am providing room only in my home ☐ I am providing room and meals in my home ☐.

Government Sponsored Support:
Attach award letter indicating coverage of the following: annual tuition; fees; insurance; book stipend; living expense stipend.

Annual Amount Awarded: $___________________________

University/Organization Sponsored Support: Attach an official letter of support indicating amounts awarded for tuition, housing, insurance, books/supplies, meals, transportation, and any other living expenses.

Name: ____________________________________________________________________________________________________

Type: __________________________________________ Annual Amount Awarded: __________________________

*Exchange students are exempt from paying this amount. Exchange students only provide funding for living expenses.
AFFIDAVIT OF SUPPORT

This form is for individuals using their own income and/or savings to support a student. It must be completed by the person who will provide the student with full or partial financial support and/or room and board during the student’s course of study at Brooklyn College.

SPONSORS PROVIDING FINANCIAL SUPPORT MUST COMPLETE ITEMS 1–6. SPONSORS PROVIDING ROOM AND/OR BOARD MUST COMPLETE ITEMS 1 AND 7.

SPONSOR INFORMATION

1) I, _________________________________________________, citizen of, _____________________________________________ (Name of sponsor) and residing at ______________________________________________________________________________________________ (Street) (City/State) (Country) (Postal code) (Telephone)
certify the following:

2) I am employed with_________________________________________________________________________________________ (Name of employer)
Located at___________________________________________________________________________________________________ (Street) (City/State) (Country) (Postal code) (Telephone)
I receive an annual income of $_________________________ (U.S.) from this employment. (Attach a current salary confirmation statement written by that employer, or verification of annual income for self-employed or retired individuals. The employer statement or verification of annual income must be written in English or come with a certified translation.)

3) I have $__________________________  (U.S.) on deposit with
Name of Bank: _____________________________________________________________________________________________
Address of Bank: ___________________________________________________________________________________________
(Number and street) (City)  (State) (Zip code)
Attach bank officer’s statement of account history.

4a) I currently support___________________ persons (including myself). Our total annual income is $____________________ (U.S.).
Our total family expenses are $________________________ (U.S.)

4b) I sponsor_________________________ (number) individuals for immigration in addition to this affidavit.

STUDENT SUPPORT INFORMATION

5) This affidavit is executed on behalf of ________________________who was born on________________. She/he is my_________ (Name of student) (mm/dd/yyyy) (Relationship to Sponsor)

6) I hereby certify that I am willing, able and do commit to provide_______________________________ with the annual amount of $____________ (U.S.) for her/his tuition, fees and/or living expenses each year during the entire program of study at the City University of New York until_______________________.

(Date of sponsorship termination)
ROOM AND BOARD SUPPORT INFORMATION
(To be completed if student will live in the sponsor’s home in the United States).

7) I hereby certify that I will provide ______________________________________________________________
   (Name of student)

With (check one):

_____ Room only in my home at the address indicated above (valued at $3,462 for one summer semester)

_____ Full room and board (food) in my home as indicated above (valued at $4,162 for one summer semester) during the semester that he/she follows a program of study at the City University of New York.

(Note that this value cannot be included in any amount of support being provided in #6, above. Attach a copy of your lease or deed or copy of a statement from your landlord.)

By signing my name to this affidavit, I certify that the information above is a correct statement of my agreement to sponsor the student herein named.

SIGNATURE (This affidavit must be signed.)

(Signature of sponsor) ____________________________________ (Date) ____________________________

(Please print name) ____________________________________ (Date) ____________________________

SPONSOR SUPPORTING EVIDENCE

A sponsor must show sufficient income and/or financial resources to assure that the student being sponsored will not become a public charge (receive federal or state low income benefits or services) while in the United States.

Only original documents from each source of financial support are acceptable. Failure to provide evidence of sufficient income and/or financial resources may result in the denial of the student’s application for a visa or his or her removal from the United States.

A. SPONSOR MUST SUBMIT EVIDENCE OF INCOME & RESOURCES

   FINANCIAL DOCUMENTS CANNOT BE OLDER THAN 3 MONTHS

   A. Written statement from an officer of the bank or other financial institution where the sponsor has accounts, providing the following details regarding the account:
   1) Date account opened  2) Total amount deposited for the past year  3) Present balance
   ------------------------------------------------------------------------------------------------------------------------------------------------------------------
   B. Statement of your employer on business stationery showing:
   1) Date and nature of employment  2) Salary paid  3) Whether the position is temporary or permanent
   ------------------------------------------------------------------------------------------------------------------------------------------------------------------
   C. If you are self-employed please provide:
   1) Copy of last income tax return filed or  2) Report of commercial rating concern  3) Schedule of assets with supporting
Office of International Student and Scholar Services  
West Quad 235  
Phone: 718-951-4477  
Fax: 718-951-4287  
Email: iss@brooklyn.cuny.edu  
Web: www.brooklyn.cuny.edu

**BUDGET ESTIMATES FOR J-1 STUDENTS**

The tuition and fees are set by the Board of Trustees of the City University of New York and are subject to change. The cost of living budget is for a 1.5-month period for one summer session. This is a modest budget. Please be advised that “no extras” are in the budget. The budget does not include costs such as telephone calls, transportation to and from your country of origin, etc. It is highly recommended that you budget 10% more than what is estimated below.

### Undergraduate/Bachelor’s Non-Degree Budget Estimates (Summer 2017)

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BOOKS AND SUPPLIES</strong></td>
<td>$455</td>
</tr>
<tr>
<td><strong>TRANSPORTATION (ex: unlimited NYC Metro card for subway/buses)</strong></td>
<td>$372</td>
</tr>
<tr>
<td><strong>PERSONAL EXPENSES</strong></td>
<td>$1,447</td>
</tr>
<tr>
<td><strong>HOUSING (Individual's cost based on average shared apartment)</strong></td>
<td>$3,462</td>
</tr>
<tr>
<td><strong>FOOD (at home)</strong></td>
<td>$700</td>
</tr>
<tr>
<td><strong>LUNCH</strong></td>
<td>$411</td>
</tr>
<tr>
<td><strong>INSURANCE</strong></td>
<td>$200</td>
</tr>
<tr>
<td><strong>TUITION ($840 per credit; 6 credits per summer session)</strong></td>
<td>$5,040</td>
</tr>
<tr>
<td><strong>FEES (Student Activities Fee, Consolidated Fee, Technology Fee)</strong></td>
<td>$156.45</td>
</tr>
<tr>
<td><strong>TOTAL ESTIMATE FOR ONE SUMMER SESSION</strong></td>
<td><strong>$12,243.45</strong></td>
</tr>
</tbody>
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*The amount allocated for housing expects that students are sharing housing space.

*Data sources from CUNY and US Bureau of Labor Statistics

### Graduate/ Master’s Non-Degree Budget Estimates (Summer 2017)

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<td>$200</td>
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<tr>
<td><strong>TUITION ($780 per credit; 6 credits per summer session)</strong></td>
<td>$4,680</td>
</tr>
<tr>
<td><strong>FEES (Student Activities Fee, Consolidated Fee, Technology Fee)</strong></td>
<td>$138.95</td>
</tr>
<tr>
<td><strong>TOTAL ESTIMATE FOR ONE SUMMER SESSION</strong></td>
<td><strong>$11,865.95</strong></td>
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*The amount allocated for housing expects that students are sharing housing space.

**Data sources from CUNY and US Bureau of Labor Statistics
INSURANCE REQUIREMENTS

According to J-1 regulation 22 CFR 62.14(a), all students, scholars, and their J-2 dependents are required to have health insurance that meets Department Of State requirements. These insurance requirements set for the by DOS are as follows:

1. Major medical benefits must be at least $100,000 for each accidental illness.
2. Repatriation benefit must be at least $25,000.
3. Medical evacuation must be covered for at least $50,000.
4. The deductible for each accident or illness may not exceed $500.
5. Policy may not unreasonably exclude coverage for perils inherent to the activities of the exchange program.

I, __________________________________________ agree that I am/will be in compliance with the
(print first name)                          (print last name)

insurance regulations as specified in 22 CFR section 62.14(a) of the exchange regulations, and I understand that it is my responsibility to maintain my status and continue health insurance coverage for myself and J-2 dependents for the duration of my J-1 program. I also understand that if I willfully fail to maintain this coverage, I will be in violation of my J-1 status.

________________________________________  ____________________
Signature                                Date
ORIENTATION REQUIREMENT

According to 22 CFR 62.10 (c) sponsors are responsible for the effective administration of their exchange visitor programs which includes Orientation. The regulation states that all sponsors shall offer appropriate orientation for all exchange visitors. Sponsors are encouraged to provide orientation for the exchange visitor's immediate family, especially those who are expected to be in the United States for more than one year. Orientation shall include, but not be limited to, information concerning:

1. Life and customs in the United States;
2. Local community resources (e.g., public transportation, medical centers, schools, libraries, recreation centers, and banks), to the extent possible;
3. Available health care, emergency assistance, and insurance coverage;
4. A description of the program in which the exchange visitor is participating;
5. Rules that the exchange visitors are required to follow under the sponsor's program;
6. Address of the sponsor and the name and telephone number of the responsible officer; and
7. Address and telephone number of the Exchange Visitor Program Services of the Department of State and a copy of the Exchange Visitor Program brochure outlining the regulations relevant to the exchange visitors.

I, ______________________ agree that I am/will be in compliance with the orientation requirements as specified in 22 CFR 62.10 (c) sponsors are responsible for the effective administration of their exchange visitor programs which includes Orientation. The regulation states that all sponsors shall offer appropriate orientation for all exchange visitors. Sponsors are encouraged to provide orientation for the exchange visitor's immediate family, especially those who are expected to be in the United States for more than one year.

_______________________     ______________
Signature         Date

If there are any questions regarding this form you may contact RO Keisha Wilson in the Office of International Student and Scholar Services at 718-951-4477 or Keisha.Wilson@brooklyn.cuny.edu.