

# **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:** 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.
- **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.
- **Embassy Appointment:** After receiving the DS-2019 and letter of acceptance letter from Brooklyn College the student needs to pay the SEVIS Fee (\$180) and make an appointment with the U.S. embassy to obtain their J-1 visa.
- **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](mailto:Keisha.Wilson@brooklyn.cuny.edu) or [iss@brooklyn.cuny.edu](mailto:iss@brooklyn.cuny.edu).

## -- International J-I Student Visitor--

### INFORMATION

Semester Applying for:

(please print neatly)

FALL  SPRING  SUMMER

YEAR \_\_\_\_\_

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? \_\_\_\_\_

**EDUCATIONAL HISTORY**

**High School(s) Attended**

School Name

Address

Date Entered

Date Left

Graduation Date

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

School Name

Address

Date Entered

Date Left

Graduation Date

School Name

Address

Date Entered

Date Left

Graduation Date

**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

**For Internal Use Only:**

Date Documents Received:		Comments:
Student Type:	<input type="checkbox"/> Exchange student <input type="checkbox"/> Visiting Student	
Status	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied	
Date Sent to ISS		

### 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](mailto: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 \_\_\_\_\_

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### 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: \_\_\_\_\_

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Child Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Child Date of Birth: \_\_\_\_\_ Country of Birth \_\_\_\_\_

Country of Legal Permanent Resident: \_\_\_\_\_

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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**

- Graduate Non-Degree: Total amount for ONE SEMESTER provided from all sources should be equivalent to **\$18,197**. Tuition & Fees: **\$7,458\*** Living Expenses: **\$10,739**
- Graduate Non-Degree: Total amount for ONE ACADEMIC YEAR provided from all sources should be equivalent to **\$36,295**. Tuition & Fees: **\$14,916\*** Living Expenses: **\$21,379**

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) (Country)  
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  
(Name of student)

\$ \_\_\_\_\_ (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)



**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 4.5-month period for one semester and 10 month period for one academic year. These are modest budgets. Please be advised that “no extras” are in these budgets. These budgets do 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.

**Graduate/ Master’s Visiting Student/ Non-Degree Budget Estimates (2017-18)**

BOOKS AND SUPPLIES	682
TRANSPORTATION (ex: unlimited NYC Metro card for subway/buses)	527
PERSONAL EXPENSES	2,171
HOUSING (Individual's cost based on average shared apartment)*	5,193
FOOD (at home)	1,050
LUNCH	616
INSURANCE	500
TUITION (\$805 per credit; 9 credits per semester)**	7,245
FEES (Student Activities Fee, Consolidated Fee, Technology Fee)**	213
<b>TOTAL ESTIMATE FOR ONE SEMESTER ***</b>	<b>\$18,197</b>

\*The amount allocated for housing expects that students are sharing housing space.

\*\*Tuition and Fees stated are based on the students taking at least 9 credits per semester. 9 credits is the minimum number of credits required to be a full-time student and are necessary to maintain lawful immigration status. (Estimates are subject to change). **Exchange students are exempt from this amount.**

\*\*\*Data sources from CUNY and US Bureau of Labor Statistics

**Graduate/ Master’s Visiting Student/ Non-Degree Budget Estimates (2017-18)**

BOOKS AND SUPPLIES	1,364
TRANSPORTATION (ex: unlimited NYC Metro card for subway/buses)	1,054
PERSONAL EXPENSES	4,248
HOUSING (Individual's cost based on average shared apartment)*	10,386
FOOD (at home)	2,179
LUNCH	1,148
INSURANCE	1,000
TUITION (\$805 per credit; 9 credits per semester)**	14,490
FEES (Student Activities Fee, Consolidated Fee, Technology Fee)**	426
<b>TOTAL ESTIMATE FOR ONE ACADEMIC YEAR ***</b>	<b>\$36,295</b>

\*The amount allocated for housing expects that students are sharing housing space.

\*\*Tuition and Fees stated are based on the students taking at least 9 credits per semester. 9 credits is the minimum number of credits required to be a full-time student and are necessary to maintain lawful immigration status. (Estimates are subject to change). **Exchange students are exempt from this amount.**

\*\*\*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](mailto:Keisha.Wilson@brooklyn.cuny.edu).