

# Application Guide

**Short-term Program 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. As a prospective international student, we have laid out the Application Guide to help you navigate the process.

### Application Process

1. **Admission Application:** Student completes Brooklyn College Undergraduate non-degree application form below.
2. **Transcript:** Student must submit copies of their most recent transcript/mark sheets that list their post-secondary classes and grades.

3. **English Proficiency:** Student must submit the TOEFL, IELTS, or signed letter by an English-speaking professor at their own university or via Skype with Brooklyn College Admissions to certify the student's proficiency in English.
  
4. **CV:** Student must submit curriculum vitae.
  
5. **Sponsor Letter/Letter of Invitation:** Each student will need a sponsor letter from their own university giving them permission to study at Brooklyn College as part of their degree program.
  
6. **Course Selection:** List of courses you are interested in taking or area of interest.
  
7. **DS2019 Application:** Student will have to complete the Student Exchange Visitors Application Form in below for the DS 2019 and submit it to ISS with the supporting documents (financial documentation and copy of passport's biographical page)

8. **Medical Insurance Attestation:** Students have to be covered by insurance. Please read the insurance requirement in below.
  
9. **Embassy Appointment:** After receiving the DS 2019 and letter of acceptance the student needs to make an appointment and pay the SEVIS Fee (\$380) with the embassy to obtain their J-1 visa. Students are advised to arrive before the start date on the DS 2019 to secure housing.
  
10. **Pre Arrival Packet:** Review packet carefully. Please note that under the J-1 status, all exchange visitors (students, scholars, eta) must have health insurance to cover their stay in the United States.

### **Where to Submit Materials**

All materials should be scanned or faxed to  
Office of International Student Services

Phone: 718-951-4477  
Fax: 718 -951-4287  
Email: [iss@brooklyn.cuny.edu](mailto:iss@brooklyn.cuny.edu)  
Web: [www.brooklyn.cuny.edu](http://www.brooklyn.cuny.edu)

### **CHECKLIST FOR DS-2019 REQUEST**

You must submit a completed DS-2019 Request Form with:

\_\_\_\_\_ Cover sheet for DS-2019 request

\_\_\_\_\_ Financial documentation (e.g. employment letter, bank statement)

\_\_\_\_\_ Copy of CV or resume

\_\_\_\_\_ Copy of the letter of invitation

\_\_\_\_\_ Signed copy of Medical Insurance Attestation

\_\_\_\_\_ Copy of current DS-2019 and I-94, if currently in the U.S.

\_\_\_\_\_ Copy of passport biographic page

\_\_\_\_\_ Copy of pertinent provisions of Exchange Agreement, if applicable

\_\_\_\_\_ Copy of dependent's(s') passport biographic page, if applicable

\_\_\_\_\_ Copy of marriage certificate, if applicable

\_\_\_\_\_ Copy of birth certificate(s), if applicable

**--International J-1 Student Visitor--**

**INFORMATION**

(please print neatly)

Semester Applying for:

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 DS2019 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: \_\_\_\_\_ Position: \_\_\_\_\_ 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? \_\_\_\_\_ If applicable, what is the name of the Exchange Program? \_\_\_\_\_

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

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School Name

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Address

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Date Entered

Date Left

Graduation Date

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

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School Name

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Address

---

Date Entered

Date Left

Graduation Date

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School Name

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Address

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Date Entered

Date Left

Graduation Date

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 Undergraduate Admissions.

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*Signature of Applicant*

*Date*

## Course Selection

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Course Number

Section

Course Number

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## 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: [iss@brooklyn.cuny.edu](mailto:iss@brooklyn.cuny.edu) or mail original documents and attachments to: Office of International Student 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 Exchange Program (if applicable) \_\_\_\_\_ Name of Exchange Program \_\_\_\_\_

15. Academic Program Admitted To: Bachelor's Degree \_\_\_\_\_ Master's Degree \_\_\_\_\_

PhD Degree \_\_\_\_\_ Non-Degree \_\_\_\_\_ Certificate \_\_\_\_\_ English Language \_\_\_\_\_ Other \_\_\_\_\_ Name of Non-Degree Certificate \_\_\_\_\_

English Language or Other Program \_\_\_\_\_



16. Length of Enrollment: Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

17. Field of Study \_\_\_\_\_ Other Proposed Activities \_\_\_\_\_

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18. (Semester Visiting Student) Submit a one page essay indicating your reason for attending Brooklyn College and what you would like to accomplish during your stay. Address academic and career goals; and social and cultural opportunities you would like to engage in while studying at Brooklyn College and living in New York City. Also include how your visit will benefit you when your return to home.

19. (Semester Visiting Student) Send with this application: official/copies and English translations of all secondary, college/university and other degrees or certificates you have received. Also bring official transcripts/mark sheets from the institutions you attended.

### Declaration of Finances

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

### Visa & Immigration Information

20. 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-2109 form \_\_\_\_\_ Attach copies of previous DS-2019 and J-1 visa stamp.

21. 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.

22. 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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23. 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 SEMESTER provided from all sources should be equivalent to **\$20,343**.  
Tuition & Fees: **\$9,851** \* Living Expenses: **\$10,492**
- Graduate Non-Degree: Total amount for ONE SEMESTER provided from all sources should be equivalent to **\$17,348.75**.  
Tuition & Fees: **\$6,856.75** \* Living Expenses: **\$10,492**

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: <http://www.uscis.gov/files/form/i-134.pdf> . **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:** \_\_\_\_\_

**BUDGET ESTIMATES FOR VISITING 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 and is modest. Please be advised that “no extras” are in this budget. The budget does not include costs such as telephone calls, transportation to and from your country of origin, health insurance etc. It is highly recommended that you budget 10% more than what is estimated below.

**Undergraduate/Bachelor’s Visiting Student/ Non-Degree Budget Estimates (2014-15)**

BOOKS AND SUPPLIES	652
TRANSPORTATION (ex: unlimited NYC Metro card for subway/buses)	510
PERSONAL EXPENSES	2,053
HOUSING (Individual's cost based on average shared apartment)*	5,193
FOOD (at home)	1,010
LUNCH	574
INSURANCE	500
TUITION (\$800 per credit; 12 credits per semester)**	9,600
FEES (Student Activities Fee, Consolidated Fee, Technology Fee)**	251
<b>TOTAL ESTIMATE FOR FIRST SEMESTER ***</b>	<b>\$20,343</b>

**Graduate/Master’s Visiting Student/ Non-Degree Budget Estimates (2014-15)**

BOOKS AND SUPPLIES	652
TRANSPORTATION (ex: unlimited NYC Metro card for subway/buses)	510
PERSONAL EXPENSES	2,053
HOUSING (Individual's cost based on average shared apartment)*	5,193
FOOD (at home)	1,010
LUNCH	574
INSURANCE	500
TUITION (\$745 per credit; 9 credits per semester)**	6,705
FEES (Student Activities Fee, Consolidated Fee, Technology Fee)**	151.75
<b>TOTAL ESTIMATE FOR FIRST SEMESTER ***</b>	<b>\$17,348.75</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 12 credits per semester as an undergraduate student and 9 credits as a graduate student. 12 credits is the minimum number of credits required to be a full-time undergraduate student and 9 credits is the minimum number of credits required to be a full-time graduate student. These credits and are necessary to maintain lawful immigration status. (Estimates are subject to change)

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

**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 assets with supporting | 2) Report of commercial rating concern | 3) Schedule of |
|---|--|----------------|

**INSURANCE REQUIREMENTS**

According to J-1 regulation 22 CFR 62.14, 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 \$50,000 for each accidental illness.
2. Repatriation benefit must be at least \$7,500.
3. Medical evacuation must be covered for at least \$10,000.
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 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.

I am/will be a \_\_\_\_J-1 student

School\_\_\_\_\_

\_\_\_\_\_  
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 ARO Marsha Williams in the Office of International Student Services at 718-951-4477 or [iss@brooklyn.cuny.edu](mailto:iss@brooklyn.cuny.edu)