

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 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: _____

Child Name _____ Male ____ Female ____

Child Date of Birth: _____ Country of Birth _____

Country of Legal Permanent Resident: _____

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
TOTAL ESTIMATE FOR FIRST YEAR ***	\$20,343

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
TOTAL ESTIMATE FOR FIRST YEAR ***	\$17,348.75

*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
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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
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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
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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