

Application for the Certificate of Eligibility (Form DS 2019)

As participants in the Exchange Visitor Program, international students who are admitted to a CUNY degree, non-degree or internship program will need to obtain a Certificate of Eligibility (Form DS 2019) in order to enter and/or remain in the U.S. as a J-1 student. This requirement applies whether you are a new student, a continuing student changing to the J status, a transfer student from another U.S. university, or a student transferring between CUNY colleges.

(Please print clearly)

Sex (check one) Male Female

1. Name _____
(Family name as in passport) (Given name as in passport) (Second given, or middle name, if any, as in passport)

2. Present Mailing Address _____
(Number and Street) (City, State) (Country) (Postal code)

3. Telephone Number _____ Email _____

4. Date of Birth _____ Place of Birth _____
(Month/Day/Year) (City, Country)

5. Country (ies) of Citizenship _____ Country of Residence _____

6. Permanent Overseas Address _____
(Required by U.S. Government Regulations) (Number and Street) (City, State) (Country) (Postal Code)

7. Address in U.S.A. (if known) _____
(Number and Street) (City, State) (Country) (Postal Code)

8. Current Semester of Enrollment: Fall 20 _____ Spring 20 _____ Winter 20 _____ Summer 20 _____

9. Expected Date of Completion of Study _____

10. Degree: Bachelor's _____ Master's _____ Certificate Program _____

11. Academic Major _____

12. Name of Government/Organization/University Sponsoring Exchange _____

13. Have you been in J-1 status while living outside of the U.S. for more than 6 months of the last 12 months? _____

14. *Attach copies of the first few pages of your passport and those of any dependents living with you during your stay in the U.S.*

TO BE COMPLETED BY APPLICANTS ALREADY IN THE U.S.

15. Current Student Immigration Status _____ *Attach a copy of your current and previous DS 2019's*

16. College that issued your last DS 2019, if applicable _____ SEVIS# N _____

17. Other Immigration Status, if any _____ I-94 Arrival/Departure# _____ I-94 Expiration Date _____

18. *Attach copies of all previous DS-2019s, passport; include the pages with your background information, passport number and expiration date, U.S. visa stamp(s), I-94 Arrival/Departure Record*

CONFIDENTIAL DECLARATION AND CERTIFICATE OF FINANCE

INTERNATIONAL STUDENT SERVICE CENTER

This declaration is for international students who plan to study at Baruch. Before you answer the declaration on this form, look at the chart below that tells you how many U.S. dollars you will need for tuition and other expenses for each academic year. A Certificate of Eligibility (DS 2019) will not be issued until the student and his/her sponsor(s) have signed, returned this form to the International Student Service Center. The certification is for the entire period of study at Baruch College's Continuing & Professional Studies (CAPS).

ESTIMATE OF EXPENSES FOR AN INDIVIDUAL STUDENT AT CAPS

EXPENSE	INTERNATIONAL MARKETING PROGRAM
Tuition	\$2, 061.00
Living Expenses	\$8,000.00
TOTAL	\$10, 061.00

THE CURRENT FIGURES ARE SUBJECT TO CHANGE

PLEASE PRINT YOUR NAME AS IT APPEARS IN YOUR PASSPORT:

LAST NAME: _____ MIDDLE NAME: _____ FIRST NAME: _____

ADDRESS: _____ DATE OF BIRTH: _____
Month Day Year
 EMAIL ADDRESS: _____

COUNTRY OF CITIZENSHIP: _____ PHONE: _____

SCHOOL LAST ATTENDED: _____ COUNTRY OF BIRTH: _____

INS ADMISSION: _____ DATES: FROM _____ TO _____

IMMIGRATION STATUS CURRENTLY HOLDING: _____ SOCIAL SECURITY #: _____

MARITAL STATUS: SINGLE MARRIED IMMIG. STATUS APPLYING FOR: J-1

SOURCES OF FUNDS

U.S. \$ PER ACADEMIC YEAR

A. PERSONAL SAVINGS		
<input type="checkbox"/> Student's original bank statement in U.S. dollar equivalent, showing the latest balance.		\$
B. SPONSOR SAVINGS		
1. Your sponsor's original bank statement in U.S. dollar equivalent, showing the latest balance 2. A sponsor's letter, which: <input type="checkbox"/> Gives you permission to use said funds for your educational purposes <input type="checkbox"/> States how much of those funds will be used to cover your educational expenses per year 3. Proof that these funds will be available for the entire length of your study Include any 1 of the following: <input type="checkbox"/> Verification of employment on letterhead stationary (If self-employed, income estimated by a bank or private accountant) <input type="checkbox"/> Most recent income tax documentation (For U.S. citizens, this would be the W-2 form) <input type="checkbox"/> Property estimate issued by a certified accountant <input type="checkbox"/> Certificate of stocks or bonds		\$
C. YOUR GOVERNMENT (ONLY IF YOU HAVE FUNDS FROM YOUR GOVERNMENT)		
1. How much will your government pay for your expenses while you are at Baruch? 2. What is the name of the government agency that will pay your expenses? <hr/> <p style="text-align: center;">Name of Government Agency</p> 3. Enclose with this form, a signed copy of your letter of award from the appropriate government agency to certify its accuracy		\$
D. Other Sources of Income (i.e., loans, personal income, or travel grants)		
Please be specific: <hr/> <hr/> <hr/> <i>If your sponsor is a company, please submit most recent profit/loss statement</i>		\$
E. LIVING EXPENSES/ROOM & BOARD		
Will you receive living expenses and/or room & board from a friend or relative? If yes, please include: 1. A notarized room & board letter 2. A copy of the deed or lease or rent receipt of property <i>Living expenses/room & board = \$10,000.00</i>		\$

TOTAL (A+B+C+D+E) \$

I/We hereby certify that the above information is accurate and that I/We am/are aware of the full cost of education at Baruch College as outlined on the first page of this form and that the funds are available and will be provided for the entire course of study.

STUDENT'S NAME (PLEASE PRINT)

STUDENT'S SIGNATURE

SPONSOR'S NAME (PLEASE PRINT)

SPONSOR'S SIGNATURE

ADDRESS

DATE

RELATIONSHIP TO STUDENT

Affidavit of Support Form

I _____, hereby certify that the financial
(Sponsor's Name)

information that I have presented is current and accurate. I am aware of
the full tuition for this program as outlined and give

_____ the authority to use these funds while
(Student's Name)

studying in the United States. I am also taking financial responsibility for
supplying all necessary academic fees, book fees, and living expenses for this
student.

(Sponsor's Signature)

J-1 EXCHANGE VISITOR (EV) VERIFICATION OF INSURANCE

Please have the insurance company complete this letter and submit it with a copy of your insurance policy.

Exchange Visitor Name: _____ Date of Birth: _____
Insurance Company Name: _____
Policy Number: _____

J-1 Visa Health Insurance Requirements

Program participants and their dependents are required to have medical insurance coverage with the following minimum benefits [22 CFR 62.14]. Please complete the form below to verify that the policy the student has purchased from you meets these requirements.

- A. Medical benefits of **at least \$100,000** per accident or illness

What is the amount that is covered per accident or illness for this student under your plan? \$_____

- B. Repatriation of remains in the amount of \$25,000 (minimum)

What amount does the plan cover for repatriation of remains? \$_____

- C. Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000 (minimum)

What amount does the plan cover for medical evacuation of the exchange visitor to his/her home country? \$_____

- D. A deductible not to exceed \$500 per accident or illness.

What is the amount of the deductible per accident or illness? \$_____

- E. Sponsors are to require that their participants have insurance in effect during the period of time they are in the sponsor's program.

Does the plan the student purchased cover him/her for the period of the program:
___/___/___ TO ___/___/___? _____ (yes or no)

(over)

- F. The company providing the policy must meet minimum rating requirements established by the U.S. government (an A.M. best rating of A- or above, an Insurance Solvency International, Ltd. (ISI) rating of A-1 or above, a Standard and Poor's Claims-paying Ability rating of A- or above, or a Weiss Research, Inc. rating of B+ or above),
or
- G. The policy must be backed by the full faith and credit of your home country government.
- H. Policy may not unreasonably exclude coverage for perils inherent to the activities of the exchange program.
- I. J-1 scholars and their dependents also may be subject to the requirements of the Affordable Care Act [22 CFR 62.14(a)].
- J. The policy may establish a waiting period before it covers "pre-existing conditions" (health problems you had before you bought the insurance), as long as the waiting period is reasonable.

Please list the underwriter and the rating of this policy.

Underwriter: _____ Rating: _____

I certify that this information is true:

Printed Name

Date

Email Address: _____ Phone number: _____