

DS--2019 Request Form

Please complete this application packet in its entirety and attach the following documents:

1. Program invitation letter

- This is the letter from the supporting department which states the student or scholar's duration of stay in the program and total financial support given by City College (if any).
- Please note that the dates indicated in this letter **MUST** match the dates indicated in this application packet.

2. Evidence of financial support

- This includes but is not limited to bank statements and financial support letters.
- Please note that the financial support must total the required amount, stated on page three of this application packet, for the entire duration of the applicant and dependents (if any) stay.

3. Copies of applicant's and dependent's (if any) passport

Please note the following:

- Failure to include any of the aforementioned, highlighted documents will deem the application incomplete and incomplete applications **WILL NOT** be processed.
- Applications that contain inconsistencies between supporting documents and the application form will be deemed incomplete and will not be processed. This includes but is not limited to inconsistencies between program dates and insufficient funds.
- **Individuals traveling to the U.S. on a J1 or J2 visa are required medical health insurance for the full duration of the program**

Sponsor programs may provide both their students and dependents with health insurance, otherwise the applicant is required to enroll in a U.S. health insurance plan on their own. Either way, the U.S. Department of State requires that J1 health insurance plans meet the following minimum requirements (which applies to J2 visa holders as well):

- Medical Benefits of at least \$100,000 per accident or illness
- Repatriation of Remains in the amount of \$25,000
- Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000
- A deductible not to exceed \$500 per accident or illness

The applicant and dependents **MUST** provide a copy of the health insurance confirmation and a summary of the benefits ensuring that the plan meets the minimum requirements of the US Department of State.



A REQUEST FORM MUST BE COMPLETED FOR EACH J--1 EXCHANGE VISITOR BEING INVITED

J--1 Research Scholars, Short--Term Scholars and Visiting Professors

Please attach a copy of the letter inviting the international exchange visitor to join your department (this letter should include the date the scholar is expected on campus, the length of time that the scholar will stay, the duties the scholar will perform at CCNY, and the funding that will be provided). CITY COLLEGE FUNDING SHOULD COVER THE ENTIRE PERIOD OF STAY (if not, documentation of personal funds of the scholar/Professor or alternative support must be provided).

J--1 Non degree Students, Bachelor Students and Masters Students

Letters of invitation from the City College academic department are not required for students participating in CCNY exchange programs. **Note, all exchange students in the categories of non degree, Bachelor and Masters must have full time enrollment (12 credits) during each Fall or Spring semester.**

J--1 Student INTERN:

See additional requirements on separate page from International Student Advisor

Exchange Visitor's Name: Last Name: _____ First Name: _____

Check One:

—This Request is for a **NEW** Exchange Visitor to receive Form DS-2019

—This Request is for the **TRANSFER** of a J-1 to City College

1. SPONSORING DEPARTMENT

FACULTY MEMBER MAKING REQUEST

NAME: _____ Department _____ OFFICE LOCATION: _____

Email Address: _____ TEL.#: _____

Signature of Department Chair _____

2. J--1 VISA CATEGORY Primary duties (Check One):

Students

No CCNY course enrollment:

—Student INTERN(Needs DS-7002)

Research & Teaching

—**Research** with possibility of teaching

Full-Time Course Enrollment:

—Non-Degree Student

—Non-Tenure Track **Teaching** with possibility of research

—Bachelor's Degree Student

—**Short-Term Researcher or Professor:** Choose this category if program is **six (6) months or LESS**

—Master's Degree Student

Note: Program extensions for this category beyond 6 months are not permissible

—Ph.D. Degree Student

Researchers & PROFESSORS

Provide a brief description of the duties the scholar or professor will be expected to perform while at CCNY: →

STUDENTS

Check below for the **student's level of study at his/her home institution:**

—Undergraduate —Master's —Post--doctoral

—Other: _____

What is student's **academic major** at home institution? →

3. LENGTH OF PROGRAM

DURATION OF VISIT- Beginning Date: _____ / _____ / _____ Month/Day/Year TO: End Date: _____ / _____ / _____ Month/Day/Year

FINANCIAL SUPPORT

State Source(s) of FINANCIAL SUPPORT for living expenses while at The City College
And attach to this form necessary support documentation--evidence of funding.

ALL SUPPORT DOCUMENTATION MUST BE IN ENGLISH AND WITH FUNDING IN US DOLLARS

The most appropriate ways of providing evidence of funding are dated government, employer or bank letters written by officials of those institutions on company letterhead—**bank statements are not acceptable**

Total estimated living expenses for all Jm 1 Exchange Visitors is
\$2,700 per month (\$32,400 annually)

4. RESEARCH SCHOLARS, SHORT-TERM SCHOLARS & PROFESSORS and STUDENT INTERNS (no City College course enrollment)

—Yes —No **City College funding will provide all or part of financial support**
I confirm that I have the necessary funds to support this EV during his/her time at CCNY.
The funding source _____ (name of the grant/scholarship/type of fund)

—Yes —No **A foreign institution or government will provide all or part of financial support**
Attach (or send as email attachment) a letter (or other official proof) from the home institution indicating payment or stipend to exchange visitor that covers entire J program period.

—Yes —No **Exchange visitor will provide all or part of financial support from personal funds**
Attach a letter in ENGLISH from your bank officer on bank stationery that indicates the account name--holder and account balance in U.S. dollars.

Total City College Funding: \$ _____ Foreign Institution/Government Funding: \$ _____

Total Personal Funds: \$ _____ (This includes applicants foreign salary) [if it will be utilized]

5. STUDENTS (Will have City College full-time course enrollment)

Support for J-1 Exchange-Visitors in STUDENT Category: Non degree, Bachelor's or Masters
**STUDENT INTERN category completes section 4 above.*

Check one

- Summer or Winter break Non degree, Bachelor & Masters semester students:
Exchange students whose program begin and ends within the annual summer or winter vacation period
- Fall & Spring Non degree, Bachelor & Masters semester students:
J--1 regulations mandate that students enroll and complete a full course of study for each semester--12 credits.

Check all that apply and complete empty spaces associated with your selection(s).

—Yes —No **CCNY FINANCIAL SUPPORT will be provided**
Other than tuition/fees indicate total amount of City College support? \$ _____

—Yes —No **PERSONAL FUNDS** from student will be provided: \$ _____ U.S. Dollars
Attach a letter in ENGLISH from your bank officer on bank stationery that indicates the account name--holder and account balance in U.S. dollars.

—Yes —No **FOREIGN EDUCATIONAL INSTITUTION** support will be provided:
Attach (or send as email attachment) a letter (or other official proof) from the home institution indicating payment or stipend to exchange student that covers J program period.

—Yes —No **FOREIGN GOVERNMENT** support will be provided:
Attach (or send as email attachment) a letter (or other official proof) from the home institution indicating payment or stipend to exchange student that covers J program period. This letter does not need to indicate an amount.

BIOGRAPHIC INFORMATION

6. EXCHANGE VISITOR BIOGRAPHIC INFORMATION

FAMILY NAME:

FIRST NAME:

MIDDLE NAME:

 — M — F — X

DATE OF BIRTH: Month:

Day:

Year:

CITY OF BIRTH:

COUNTRY OF BIRTH:

COUNTRY OF LEGAL RESIDENCE:

COUNTRY OF CITIZENSHIP:

Email Address:

Home educational institution information:

 —University Researcher —University Faculty, Professor or TeacherCheck One: —Bachelor [4--yr.]--Undergraduate —Master's--Graduate Study —Ph.D. Doctoral Student —Post Ph.D.--With Doctoral Degree —Other: _____

*Major academic area of study, research or teaching in home educational institution: _____

7. CERTIFICATION FOR PREVIOUS J STATUS

 —YES —NO This exchange visitor has had a J immigration status at a US institution in the past 24 monthsIf the exchange visitor held a J immigration status at a US institution in the past 24 months, give dates, locations and their previous DS-2019 SEVIS number. **Please attach copies of all Form DS-2019 to this application.**Institution of
previous J status:

Month/Day/Year

From / / To: / /

City, State:

SEVIS ID Number
(Top of Bar Code on DS--2019):

8. HEALTH INSURANCE

Federal regulations require ALL Exchange Visitors to have health insurance that will cover illness, medical evacuation and repatriation expenses. Will insurance be provided under a benefits package offered by CCNY, CUNY or the Research Foundation?

 —YES —NO

9. DEPENDENTS

 —YES —NO

Dependents will accompany the exchange visitor to the U.S.

If there are accompanying dependents (spouse and/or children) please complete page 4 of this form (titled: Family Dependent J-2 DS-2019 Request Form-Data Sheet) for spouse and for each child.

Attach or email the following to the international student advisor:

- Biographic information [page four (4)] of this DS--2019 Request Form
- Biographic page from dependent's passport
- Marriage certificate (with translation) for spouse
- Birth certificate (with translation) for each child.

J--2 FAMILY DEPENDENT DS-2019 REQUEST FORM

Note—the following evidence of support is necessary for each dependent accompanying principle to the U.S.

**In addition to necessary evidence of support for J--1 Principal
Please demonstrate \$660 per month (\$7,920 annually) for first J-2 dependent
Second, and all other J-2 dependents: \$330/month (\$3960 annually)**

REQUEST TO BRING FAMILY AS J-2 DEPENDENT

Name of J-1 Exchange Visitor:

Last Name: _____ **First Name:** _____

—YES —NO Will family members accompany the above-named J-1 Exchange-Visitor to the U.S.?

Required items for spouse and each child that will join the Exchange Visitor in the U.S.

—1. This page must be completed for each family member joining the exchange visitor in the U.S.

—2. Additional financial support in the amount of **\$660 per month*** (\$7,920 annually) for program duration must be demonstrated for the first dependent family member. This monthly amount for the first dependent is calculated as 30% of J-1's annual living expenses by 12 months. Additional support for second and remaining dependents is \$330/month (\$3960 annually), 15% of the J-1s expenses or half the rate for the first dependent.

Example: For the first dependent, the Scholar must add \$660 (for first dependent) and \$330 (for second dependent) to the Scholar's monthly living expense of \$2200.00 AND multiply that sum by the number of months expected in the program. Therefore, if spouse and one child will accompany Scholar to the U.S. for a one-year program, the total amount of support for living expenses that must be demonstrated would be (\$2200+660+330 times 12months=) \$38,280.00 USD.

—3. Biographic page from family member's passport

—4. Marriage certificate (with translation) for spouse

—5. Birth certificate (with translation) for each child.

1. J--2 DEPENDENT EXCHANGE VISITOR BIOGRAPHIC INFORMATION

FAMILY NAME:

FIRST NAME:

MIDDLE NAME:

—M —F —X DATE OF BIRTH→ Month: _____ Day: _____ Year: _____

CITY OF BIRTH:

COUNTRY OF BIRTH:

COUNTRY OF CITIZENSHIP:

COUNTRY OF LEGAL RESIDENCE:

Relationship to J-1 Exchange Visitor: —Spouse —Child

Spouse's Email Address: _____

2. J--2 DEPENDENT HEALTH INSURANCE

Federal regulations require ALL Exchange Visitors to have health insurance that will cover illness, medical evacuation and repatriation expenses.

—YES —NO Will insurance be provided under a benefits package offered by CCNY, CUNY or the Research Foundation?

—YES —NO Will insurance be provided by the exchange visitor with personal funds?

If both of above options were answered NO, what arrangements have been identified to assist the exchange visitor in complying with J visa classification health insurance mandates? _____

Upon U.S. arrival, exchange visitors must have a valid health insurance card or other proof of valid health insurance coverage for the duration of the exchange program. Unfortunately, willful failure to maintain the required insurance is a violation of J regulations and cause for program termination.