

The International Center at Rowan University

DS-2019 Application: J-1 Exchange Visitors

This is an application for a DS-2019 for J-1 Exchange Visitors. J-1 activities are restricted to those stated on the Form DS-2019. Please be certain to complete **all** items.

The DS-2019 Application requires the following:

- J-1 Exchange Visitor Information Form
- Financial Support Plan
- Notarized Affidavit of Support
- Official copies of Financial Documents
- J-1 Exchange Visitor Insurance Requirement Notice
- J-1 Transfer Form (if applicable)
- Photocopy of Passport (photo and biographical information)
- Photocopy of most recent US Visa (if applicable)
- Photocopy of I-94 Form (front & back) (if applicable)
- Photocopy of all previous Immigration Forms (if applicable)
- Photocopy of all previous DS2019 Forms (if applicable)

Please return all forms to: *The International Center at Rowan University*
Robinson 119 201 Mullica Hill Road Glassboro, NJ 08028
Email: Zahia Obeid at obeid@rowan.edu
Tel: (856) 256-4500 ext. 3105 Fax: (856) 256-5676

The International Center at Rowan University

DS-2019 Application: J-1 Exchange Visitor Information Form

Please complete each section of the application thoroughly and completely.

DEMOGRAPHIC INFORMATION			
Exchange Visitor's Name (Last/Family, First):		Country of Birth:	
Date of Birth (mm/dd/yyyy):		City of Birth:	
Gender:		Country of Legal Permanent Residency:	
Marital Status:		Country of Citizenship:	
Email Address:		Postal Code:	

ADDRESSES	
Exchange Visitor's Home Foreign Address (permanent physical address in home country)	
Street:	Click here to enter text.
Room/Apartment:	
City/Town:	
Province/State:	
Country:	
Postal Code:	
Phone Number:	
Exchange Visitor's Home U.S. Mailing Address (if currently in the U.S.)	
Street:	
Room/Apartment:	
City/Town:	
State:	
Zip Code:	
Phone Number:	

- your field is in demand in a country of which you are a native or permanent resident. Please see the Exchange Visitor Skills list published by the State Department at: http://travel.state.gov/visa/temp/types/types_4514.html

DEPENDENT DATA (ONLY COMPLETE IF DEPENDENTS ARE ACCOMPANYING YOU TO U.S.)			
	Person 1	Person 2	Person 3
Last name (family)	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (given)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
City of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Citizenship	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Legal Permanent Residence	<input type="text"/>	<input type="text"/>	<input type="text"/>

EMERGENCY CONTACT INFORMATION

Name (Last/Family, First):

Relationship:

Street:

Room/Apartment:

City/Town:

Province/State:

Country:

PostalCode:

Phone Number:

Email Address:

THE INTERNATIONAL CENTER AT ROWAN UNIVERSITY DS- 2019 APPLICATION - FINANCIAL SUPPORT PLAN

The U.S. Department of State regulations require that the sponsoring institution have documentation of an exchange visitor's financial resources prior to issuing the Form DS-2019.

- The International Center at Rowan University estimates a minimum of \$22,500 per year is required to support a single visiting scholar. An additional \$6,600 per year is required for each accompanying dependent.
- Financial expenses for exchange students will vary.

Financial support can come from any combination of sources from the U.S. or Abroad:

1. FUNDS FROM "SPONSORS" (parents, relatives, friends, organizations). The exchange visitor may have as many sponsors as needed. Sponsors may provide support in the form of cash, housing, and/or meals.
 - Acceptable forms of documentation: a copy of the sponsor's most recent income tax return; a letter from the sponsor's employer stating date of employment and annual salary in U.S. dollars PLUS 2 recent pay stubs; a letter from the sponsor's bank or private accountant (if sponsor is self-employed) stating the sponsor's annual income in U.S. dollar PLUS a recent "Profit and Loss" statement for the business; or recent bank/investment statements for accounts in the sponsor's name. **NOTE:** letters stating "enough" funds, "sufficient" funds or "the holder is capable of supporting the exchange visitor" are **not** acceptable.
2. PERSONAL FUNDS - These are the exchange visitor's own (not those of relatives).
 - Acceptable forms of documentation: bank/investment statements for accounts in the exchange visitor's name. The statements must be: recent (less than 4 months old), in English, and report the current fund balance in terms of U.S. Dollars.
3. FUNDS FROM OTHER SOURCES
 - Acceptable forms of documentation depend on the source of support.

Source	Amount (in US dollars)
<i>Sponsors (Name of Sponsor and Relationship to Exchange Visitor)</i> All Sponsors must complete an AFFIDAVIT OF SUPPORT	
<i>Personal Sources</i> <i>Saving Account/Checking Account (Name of Bank)</i>	
<i>Other Sources (Specify)</i>	
<i>Total Amount of Support from ALL Sources</i>	

Before submitting this form and the financial documentation to the International Center for review, please ensure that:

- The financial statements are recent
- The financial statements reflect readily available funds.
 - Acceptable types of funds are: checking account, savings account, demand deposit account, or time deposit account (maturity reached).
 - Unacceptable types of funds are: Money Market/CD, life insurance, or real estate holdings.

With this signature, I certify that the information I have provided is complete and correct.

Exchange Visitor's Name (Print)

(Signature)

Date

THE INTERNATIONAL CENTER AT ROWAN UNIVERSITY
DS-2019 APPLICATION - AFFIDAVIT OF SUPPORT

All financial documents must be translated into English and must be notarized or bear an official stamp or seal. This form must also be notarized.

EXCHANGE VISITOR'S INFORMATION

Name (Last/Family, First):

Semester:

Year:

SPONSOR'S INFORMATION

Name (Last/Family, First):

Street: [Click here to enter text.](#)

Room/Apartment: [Click here to enter text.](#)

City/Town: [Click here to enter text.](#)

Province/State: [Click here to enter text.](#)

Country: [Click here to enter text.](#)

Postal Code:

Cell/Home Phone Number:

Email:

Relationship to Exchange Visitor:

Annual Income:

TYPE OF SUPPORT

Please indicate the type of support that the sponsor will provide (check all that apply):

Housing

Funds for Housing On-Campus*

Funds for Housing Off-Campus *

Housing in Sponsor's Home**

Meals

Funds for Meals OnCampus*

Funds for Meals Off-Campus *

Meals in Sponsor's Home**

Academic Costs

Funds for Tuition*

Funds for Academic Fees*

Personal Expenses

Funds for Personal Expenses **

*requires documentation of financial resources

**requires a promissory letter (see sample), documentation of financial resources, and proof of residence

Sample Promissory Letter

I, (name of sponsor), promise that (name of exchange visitor) will live free of charge in my home at (number, street, city, state, zip) from (state date – end date). I own/rent this property. I have attached documentation (a rental contract/mortgage statement, 2 utility bills, or 2 rent receipts) to confirm this fact.

I will provide room/room and board to this exchange visitor. I will not require any type of service to be performed in exchange for this benefit.

My relationship to the exchange visitor is (parent, spouse, brother/sister, friend).

I have the financial means to provide this benefit to the exchange visitor.

I swear that the information I have provided is true and accurate.

Signature / Date

ABILITY TO PROVIDE SUPPORT

Please list ALL of the people who are fully or partially dependent upon the sponsor for their support.
(Do not include the exchange visitor named above).

Name	Relationship to Sponsor	Age

SPONSOR'S STATEMENT

*****MUST BE NOTARIZED*****

I hereby certify that the information I have provided is accurate and true. I am able to provide the support that I have promised. I understand that the exchange visitor's DS-2019 application may be canceled if any of the above information was falsely provided.

Sponsor's Signature: _____ Date: _____

Subscribed and sworn to before me on this _____ day of _____

at _____

My commission expires on _____

Signature of Officer Administering Oath: _____ Title: _____

THE INTERNATIONAL CENTER AT ROWAN UNIVERSITY
DS-2019 APPLICATION: J-1 EXCHANGE VISITOR INSURANCE REQUIREMENT NOTICE

Each exchange visitor is required to **read and sign** this J-1 Exchange Visitor Insurance Requirement Notice before Form DS-2019 can be issued.

The U.S. Department of State federally mandates all J status holders to carry current Health Insurance coverage. Each J-1 must purchase Health Insurance for him/herself and his/her J-2 dependents immediately upon arrival to the U.S.

As of May 15, 2015 the J-1 regulations will require the following Health Insurance coverage:

- Medical insurance must cover the entire period of participation in the Exchange Visitor program.
- Medical benefits must provide a minimum of \$100,000 per accident or illness.
- Payment for repatriation (preparation and transportation of remains to home country) in case of death in the amount of \$25,000 minimum.
- Payment for medical evacuation (transportation to home country on advice of attending physician) in the amount of \$50,000 minimum.
- A deductible must not exceed \$500 per accident or illness.
- Payment by the insurance company of at least 75% of the costs of medical care (the patient must not be required to pay more than 25% of medical care costs).

If you and/or your dependents fail to maintain the mandatory health insurance coverage, you and/or your dependents will be in violation of federal immigration regulations. You will be terminated as an Exchange Visitor participant and must leave the U.S. immediately.

I understand the health insurance requirements per the U.S. Department of State. I agree to purchase the required insurance for me and my dependents to be effective immediately upon arrival in the U.S. and for the entire duration of my program. I understand that I will need to provide the International Center with proof of the insurance. I understand that if I fail to comply with the health insurance requirements, I will be terminated immediately from the Exchange Visitor Program at Rowan University.

With this signature, I agree to the above statement:

Exchange Visitor's Name (Print)

Signature

Date