DS-2019 Instructions and Application
Certificate of Eligibility for J-1 Exchange Visitor Status
For SJU Incoming Exchange Students

The Form DS-2019 is required to obtain the J-1 visa for entry into the United States. Please complete the enclosed DS-2019 application and submit it with the Application for Incoming Exchange Students to SJU.

Financial Requirements:

Proof of financial support for the duration of your program at St. John’s University is required for all exchange students. Carefully review the St. John’s University’s “Estimated Financial requirements for J-1 Exchange students” on page 5 to determine the minimum financial requirements for your program.

The following is accepted as proof of financial capability:

1) Bank Statement
   a) Must be less than two months old, clearly state the account balance and currency
   b) If the bank statement is in the name of more than one person, each individual must submit an affidavit of support.
   c) Statements that do not specify balances will not be accepted unless it is stated to be a minimum of six figures in U.S. dollars

2) Employer’s letter on letterhead stationery

3) Income tax returns or receipts

4) Investments

5) If self-employed: Income estimate by a bank or private accountant

If you are being sponsored by yourself: Submit a bank statement showing you have at least the required amount on page 5.

If you are being sponsored by someone other than yourself: Submit the Affidavit of Financial Support (enclosed), sponsor’s bank statement, and proof of sponsor’s income. You may have as many sponsors as needed.

If you are being sponsored for accommodation expenses: Submit the Affidavit of Free Accommodation (enclosed), proof of sponsor’s income and a copy of the lease, deed, rent receipts or phone bill.

If you are being sponsored by a school, government or other organization: Submit an award letter in your name and endorsed by an official of the sponsoring organization. This letter must specify
the award details, amount (in U.S. currency) and duration of the award. If the award does not cover all expenses, additional support is required to meet your minimum costs.

Supporting documents must be:

- Less than two months old.
- In English (*We cannot review documents that are not in English!*)
- Photocopies or faxes, *not originals*. You will need the originals of all the documents you have sent us to take to the U.S. Embassy when we send you your DS-2019.

**Health Insurance Requirement:**

U.S. law requires health insurance coverage for all J-1 visa holders, which will be provided by St. John’s University at an additional cost.

Students may waive this fee *only if they have been automatically provided with international health insurance by their home institution or nation*. To do so they must provide evidence of coverage for the full duration of the program and prove that their coverage provides the following minimum benefits as mandated by the United States Department of State [22 CFR 62.14], including:

- 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.

An insurance policy secured to meet the benefits requirements must be underwritten by an insurance corporation having an A.M. Best rating of “A−” or above; a McGraw Hill Financial/Standard & Poor's Claims-paying Ability rating of “A−” or above; a Weiss Research, Inc. rating of “B+” or above; a Fitch Ratings, Inc. rating of “A−” or above; a Moody's Investor Services rating of “A3” or above; or such other rating as the Department of State may from time to time specify. Alternatively, the participant's policy may be backed by the full faith and credit of the government of the exchange visitor's home country.
PART I: Personal Information

Full Name (as it appears on your passport!):

<table>
<thead>
<tr>
<th>Last (surname)</th>
<th>First (given name)</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>□ Male</td>
<td>□ Female</td>
</tr>
</tbody>
</table>

(mm/dd/YYYY)

City/Province of Birth: ________________ Country of Birth: __________________________

Country of Citizenship: ________________ Country of Permanent Residence: ________________

Email Address: __________________________

Permanent Address in your Home Country

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Address</th>
<th>City</th>
<th>State/Province</th>
<th>Postal Code</th>
<th>Country</th>
<th>Phone</th>
</tr>
</thead>
</table>

Position in home country (undergraduate or graduate student, etc.) __________________________

Have you ever been in J-1 or J-2 status in the U.S. in the past? □ YES □ NO

If yes, list dates you were in the U.S. as J-1 or J-2. From ___________ To ___________
PART II: Where do you want us to mail your DS-2019?

Your Form DS-2019 will be sent to the name and address you indicate in the address box by express delivery. **Print your name and address in English, exactly as it should appear on the envelope.** We cannot use P.O. Box numbers and we **must** have a phone number.

<table>
<thead>
<tr>
<th>DS-2019 Mailing Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: _____</td>
</tr>
<tr>
<td>__</td>
</tr>
<tr>
<td>Address _____</td>
</tr>
<tr>
<td>__</td>
</tr>
<tr>
<td>Address _____</td>
</tr>
<tr>
<td>__</td>
</tr>
<tr>
<td>City____________________</td>
</tr>
<tr>
<td>Postal Code________________</td>
</tr>
<tr>
<td>________________________</td>
</tr>
<tr>
<td>Phone___________________</td>
</tr>
</tbody>
</table>

PART III: Your Statement of Financial Support

Which semester(s) do you plan to study at St. John’s University? ______________________

What are your estimated costs (please use the form on page 5 to calculate)? _____

How will you support yourself during this period? Tell us the source(s) of your support below and indicate how much each source will give you:

- [ ] Personal Funds ______________________
- [ ] Funds from St. John’s University (tuition) ______________________
- [ ] Funds from a Sponsor ______________________
  - Sponsor’s name ______________________
  - Second Sponsor’s name ______________________
- [ ] Free accommodation from a local sponsor with whom I will live
  - Sponsor’s name ______________________
Estimated Fees

**These requirements are not negotiable.** They represent a modest average budget that does not include luxuries of any kind. We strongly recommend that you budget at least 10% more if possible. Too little money can cause distress and distract from your primary objective – focusing on your courses. We insist that students and their families look closely at the costs of living and studying in the U.S. and make careful plans to be sure your needs will be met.

### UNIVERSITY FEES

<table>
<thead>
<tr>
<th>Item</th>
<th>1 Semester</th>
<th>2 Semesters</th>
</tr>
</thead>
<tbody>
<tr>
<td>University General Fee (charged each semester)</td>
<td>$310</td>
<td>$620</td>
</tr>
<tr>
<td>Includes the use of athletic facilities, the Counseling Center, Health Services, Library, Career Center, Transcripts and Registration.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Government Activity Fee (charged each semester)</td>
<td>$105</td>
<td>$210</td>
</tr>
<tr>
<td>Goes to student organizations and activities in accordance with procedures set by the Student Government.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Student Orientation Fee (only charged once)</td>
<td>$105</td>
<td>$210</td>
</tr>
<tr>
<td>Mandatory Health Insurance (charged each semester)</td>
<td>$819.50</td>
<td>$1,639</td>
</tr>
<tr>
<td>St. John’s University requires all international students purchase insurance through the university to ensure compliance with U.S. immigration regulations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOUSING AND UTILITIES</td>
<td>$5,255</td>
<td>$10,510</td>
</tr>
<tr>
<td>This is based on the average cost of a shared room in a private home or apartment. This is NOT the fee for on-campus accommodation. For on-campus accommodation fees, please visit the following site: <a href="http://www.stjohns.edu/admission-aid/tuition">http://www.stjohns.edu/admission-aid/tuition-and-financial-aid/tuition</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOOD</td>
<td>$3,125</td>
<td>$6,250</td>
</tr>
<tr>
<td>PERSONAL ITEMS AND CLOTHING</td>
<td>$1,410</td>
<td>$2,820</td>
</tr>
<tr>
<td>TRANSPORTATION</td>
<td>$575</td>
<td>$1,150</td>
</tr>
<tr>
<td>This includes local transportation only. Travel to and from your country, or the costs of owning a car are additional expenses.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BOOKS AND SUPPLIES</td>
<td>$522</td>
<td>$1,045</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$12,227</td>
<td>$24,454</td>
</tr>
</tbody>
</table>

### DEPENDENTS

- **Spouse**
  - One semester: $7,965
  - 9 months: $15,930
  - 12 months: $21,240

- **Child**
  - One semester: $2,565
  - 9 months: $5,130
  - 12 months: $6,840

### Your Estimated Costs

*(Enter amounts from above)*

Length of U.S. stay: _____ of semester(s)

Fees: $ ____________

Living costs $ ____________

Total $ ____________

(Updated March 7, 2016)
By completing this affidavit, you are swearing to the U.S. government that you will provide this student with a specific amount of money from your own financial resources as long as he or she is going to study at St. John’s University and live in the U.S. You are also proving that you can afford the support you are promising with the documents you have attached.

By signing this document, you understand that you are making a financial commitment to the student that should not be broken.

Instructions:

- Fill this form out completely in English. **Promise only the amount of money you are able to give.** The most common reason we reject affidavits is that we do not believe a sponsor can afford to give as much as promised.
- Attach the documentary evidence of support as explained in the Financial Requirements section of pages 1-2.
- Sign the affidavit in front of a notary public or other licensed official in your country, and secure the appropriate notary seal or stamp.

**Sworn Promise of Financial Support**

I, __________________________, promise that I can and will provide no less than $____ (USD) to support __________________ for the entire duration of his/her program of study at St. John’s University.

My relationship to the student is ________________________________________.

My address is ____________________________________________________________

City __________________________ State/Province __________________________

Postal Code __________________________ Country __________________________

Phone ___________ Fax ___________ Email __________________________

Name of my employer ______________________________________________________

Annual salary $______________ (USD) Other Income $______________ (USD)

My proof of income and bank statements are attached: □ YES □ NO

I swear that the information I have provided above is true and correct.

________________________________________ Notary Public Seal or Stamp

Signature of Sponsor

________________________________________

Date
Sponsor’s Affidavit of Free Accommodation
And Proof of Financial Capability

By completing this affidavit, you are swearing to the U.S. government that this student will live with you free of any charge for room and food for as long as he or she is studying at St. John’s University and living in the U.S. (The student cannot be required to provide you with any services such as, babysitting, cleaning, etc., in exchange for the room and board, as that is considered unauthorized employment.) You are also proving that you are the person who owns or rents the property and can afford the support you are promising with the documents you have attached. By signing this document, you understand that you are making a financial commitment to the student that should not be broken.

Instructions:

- Fill this form out completely in English.
- Attach the documentary evidence of support as explained in the Financial Requirements section of page 1.
- Sign the affidavit in front of a notary public, and secure the appropriate notary seal or stamp.

Sworn promise of Free Accommodation

I, __________ promise that for the full length of his or her program of study, __________ will live free of any charge in my place of residence at:

Address ____________________________________________
City ____________________ State ________________________
Zip Code ________________ Phone ________________________

I will not require any type of service to be performed in exchange for this benefit.
My relationship to the student is __________ (parent, spouse, brother/sister, or friend)
I □ own □ rent this property.
My proof of income and deed or lease are attached: □ YES □ NO
I swear that the information I have provided above is true and correct.

______________________________ __________________________
Signature of Sponsor Notary Public Seal or Stamp

______________________________
Date