

J-1 INTERN/NON-DEGREE INFORMATION SHEET

` '	nted in passport) Last/F		First	Middle
Date of Birth:		Ger	nder(Male/Female):	
ity or Province of Birth:		Cou	ntry of Birth:	
County of Citizenship:			untry of Legal manent Residence:	
itudent's Email Addres	s:			
mergency Contact Info	ormation:			
student's Address Abro	<u>ad</u>			
Student's Position in Ho	ome Country			
lave you been in the U	.S. before on a J-1 visa?	? If so, attach co	pies of previous DS-20	019s and J-1 visa stamps.
Do you plan to come wi	ith dependents (spouse	e/children)? Yes	No	
	vill accompany you belo			ıy dependents):
Family/Given Name	Date of Birth	Country of Birth	Country of	Relationship to
		,	Citizenship	Applicant



FINANCIAL INFORMATION

To be eligible for a DS-2019, you must show sufficient funding to cover all expenses while in the U.S. ISS requires financial documentation following the guidelines below:

- One year of living expenses is \$24,900. The monthly rate is: \$2,075.
- Students must <u>also</u> show \$180.36 per month for health insurance costs.
- If you will bring a spouse or child as a J-2 dependent, please contact ISS at <u>iss@buffalo.edu</u> for an estimate of expenses.

Please indicate your Funding Source(s) and Amount(s) (c	complete all that apply)	
State Appointment* (attach employment letter)	\$	
Research Foundation Appointment* (attach emp	\$	
UB Foundation Appointment* (attach employmen	\$	
Other sponsor (attach letter on official letterhead s	showing support in U.S. dollars and	\$
indicating duration)		
Student's Government (attach letter on official let	\$	
and indicating duration)		
Other Organizations Providing Support (specify)	\$	
Personal Funds (Attach student's bank statement s	\$	
Other (specify)		\$
	Total Amount of funding:	\$
Student's signature:Sponsor: This is to certify that I (we) the undersigned ago program at the University at Buffalo and that I (we) are s funds.	ree to provide the funds required for the J-1 no	-
iulius.		
Sponsor's name:	Relationship to Applicant:	
Sponsor's signature:	Date:	_
RETURN THIS COMPLETED INFORMATION	N SHEET TO YOUR FACULTY HOST AL	ONG WITH:
Financial Documentation	Resume (student interns only)	
An II II		
Medical Insurance Attestation	Letter from home institution (stud	ent interns only)