

J-1 INTERN/NON-DEGREE INFORMATION SHEET

Student's Name (as printed in passport) _____
Last/Family
First
Middle

Date of Birth: _____ Gender(Male/Female): _____

City or Province of Birth: _____ Country of Birth: _____

County of Citizenship: _____ Country of Legal Permanent Residence: _____

Student's Email Address: _____

Emergency Contact Information: _____

Student's Address Abroad

Student's Position in Home Country

Have you been in the U.S. before on a J-1 visa? ____ If so, attach copies of previous DS-2019s and J-1 visa stamps.

Do you plan to come with dependents (spouse/children)? ____ Yes ____ No

If yes, list dependents will accompany you below. (Attach biographical passport page for any dependents):

Family/Given Name	Date of Birth	Country of Birth	Country of Citizenship	Relationship to 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 \$22,700. The monthly rate is: \$1,892**
- **Student must also show \$214 per month for health insurance costs.**
- If you will bring a spouse or child as a J-2 dependent, please contact ISS at iss@buffalo.edu for an estimate of expenses.

Please indicate your Funding Source(s) and Amount(s) **(complete all that apply)**

_____ State Appointment* <i>(attach employment letter)</i>	\$ _____
_____ Research Foundation Appointment* <i>(attach employment letter)</i>	\$ _____
_____ UB Foundation Appointment* <i>(attach employment letter)</i>	\$ _____
_____ Other sponsor <i>(attach letter on official letterhead showing support in U.S. dollars and indicating duration)</i>	\$ _____
_____ Student's Government <i>(attach letter on official letterhead showing support in U.S. dollars and indicating duration)</i>	\$ _____
_____ Other Organizations Providing Support (specify) _____	\$ _____
_____ Personal Funds <i>(Attach student's bank statement showing support in U.S. dollars)</i>	\$ _____
_____ Other (specify) _____	\$ _____
Total Amount of funding:	
	\$ _____

I certify that I understand the financial obligations of J-1 visa holders. I understand that I am required to purchase and will be charged for international health insurance. I understand that I am also responsible for paying my own living expenses.

Student's signature: _____ Date: _____

Sponsor: This is to certify that I (we) the undersigned agree to provide the funds required for the J-1 non-degree program at the University at Buffalo and that I (we) are submitting bank statements indicating the availability of these funds.

Sponsor's name: _____ Relationship to Applicant: _____

Sponsor's signature: _____ Date: _____

RETURN THIS COMPLETED INFORMATION SHEET TO YOUR FACULTY HOST ALONG WITH:

- | | |
|-------------------------------------|--|
| _____ Financial Documentation | Resume <i>(student interns only)</i> |
| _____ Medical Insurance Attestation | Letter from home institution <i>(student interns only)</i> |
| _____ Biographical page of passport | |