



Exchange Student Application Packet

Part II: Visa, Finances and Insurance Certification

Helpful Tips for completing Part II of your Exchange Student Application

DOCUMENTS IN PART II

Part II of the Baruch College Exchange Student Application Packet contains the following forms:

- a. The *Confidential Declaration and Certification of Finances*.

This form, plus the required original documentation, must be printed and signed **by hand** (in blue ink, if possible), by you and, *if applicable*, by anyone providing funding for your stay in the United States (such a person is known as a "Personal Sponsor").

- b. The *Affidavit of Personal Sponsorship*.

If you will be receiving funding from a relative or friend during your time at Baruch, your Personal Sponsor will need to complete the *Affidavit of Personal Sponsorship*. Each Personal Sponsor is required to submit a separate *Affidavit* and supporting documentation. The completed *Affidavit(s)* must be printed and signed **by hand** (in blue ink, if possible) by your Personal Sponsor(s). You will need to submit the completed *Affidavit(s)*, plus the required original documentation, as paper copies with the original signature(s).

- c. The *Certification of Insurance Coverage Form*.

This form should be submitted **later, after you have obtained your visa**. It may be signed electronically.

Although the forms listed next to a. and b. must be printed out, must bear original signatures (in blue ink), and (ultimately) must be **SUBMITTED IN PAPER FORM** to the Director of Study Abroad (see address below), **do not send the paper forms to the Study Abroad Office before you have been informed that they are complete and in the proper format!** (Please see item 5 below)

FILLING THE "FILLABLE" PDF DOCUMENTS

You can and should **COMPLETE** most of the information on Part II of your application electronically, and save these documents as PDF files, using *Adobe Reader*. Please complete the forms using Adobe Reader (or an equivalent software) **before** you print them for you to sign. (If you do not have the most current version of the free *Adobe Reader* software on your computer, you can download it at [http://get.adobe.com/reader/.](http://get.adobe.com/reader/))

Please read the following carefully **BEFORE** submitting the forms in Part II.

1. Electronically "fillable" PDF forms allow you to fill in the highlighted fields on the form on a computer screen using Adobe Reader. To do so, open the file in Adobe Reader, move the cursor to the highlighted fields, and fill in the requested values. You can also use the Tab key to move through the fields.
2. Some of the fields on these forms require that you enter the data in specific formats. For example, for your date of birth, there is a pull-down list of months. Select your month of birth from that list, and fill in the fields for day and year.
3. **Please note:** Many places on the forms (for example, places for original signatures and the dates beside them) have been deliberately left without a fillable field. These are usually the fields for signatures and dates. All such fields **must be completed by hand**.
4. When you have finished the entries you wish to make on the form, click on the "Fill and Sign" button on the sidebar in Adobe Reader, then save the document by clicking on the save icon in the upper left corner of the screen. You can fill in part of Part II, save your work and make additions later. However, whenever you attempt to save the file, you may be prompted to save your changes to a "new" file. If you are, you can overwrite the saved file, or create a new one, if you prefer.

SENDING DOCUMENTS THROUGH THE SECURE DOCUMENT DROP-BOX

1. Once you (and your Personal Sponsor[s], if applicable) have completed the Confidential Declaration and Affidavits of Personal Sponsorship (if applicable), make scanned copies of these forms, and all the required documentation, and send them to the Study Abroad Office as PDF files using the SECURE DROP-BOX. You must send scanned copies of all documents BEFORE YOU SEND THE ORIGINALS!

To use the SECURE DROP-BOX, please follow these instructions:

- Go to https://baruch.cuny.edu/secure_drop.
 - Create an identity and provide an email address.
 - Label each document with your name (LAST NAME First Name) and the name of the form (Part II Confidential Declaration, Affidavit of Personal Sponsorship, Certification of Insurance, Immunization Record, etc.)
 - Upload all documents to be sent to us (PDF form if at all possible; NO photographs)
 - Send an email to study.abroadxc@baruch.cuny.edu to let us know what you have sent, so that we can be sure everything was received. (Under no circumstances attach the documents to the email.)
2. The Study Abroad Office will examine the copies you send to make certain that you have completed all documents correctly, and that the financial documents you submit are acceptable.
 3. Once you have been informed by Ms. Dina Luu Van Lang, the Assistant Director of Study Abroad, that your documents are complete, please send the completed forms and all original documents, IN PAPER FORM and WITH ORIGINAL SIGNATURES, as soon as possible, but we need to receive your final packet of documents **no later than October 15th** for entry in the following spring semester or **April 15th** for entry in the following fall semester. Send the documents to the following address:

Dr. Richard Mitten
Director of Study Abroad
Baruch College, City University of New York
One, Bernard Baruch Way Box J-0810
New York, NY 10010
USA
Tel. +1 646 312-2076

4. Please note: You may also submit the *Certification of Insurance Coverage Form* through the secure document drop-box, but this form does not require an original hand signature; it may be signed electronically.

You should purchase your health insurance only after you have been issued a visa. The insurance policy you purchase must provide coverage that meets the requirements of your J-1 status (these are given on the form), and you must be covered by your insurance for the entire period of your stay in the United States. In other words, you must purchase the insurance well **before you arrive in the United States.** Once you have purchased the health insurance, please send a scanned copy of the *Certification of Insurance Coverage Form*, along with documentation about the policy to the Study Abroad Office through the SECURE DOCUMENT DROP-BOX, using the method described above.

5. Failure to properly complete and submit the forms in this packet in a timely manner will delay the processing of your visa documents. Failure to submit the *Certification of Insurance Coverage Form* could place you in violation of your immigration status and/or make you subject to dismissal from the College. Please take the completion of this form very seriously.

EXCHANGE STUDENT CONFIDENTIAL DECLARATION AND CERTIFICATION OF FINANCES

For ISSC Office Use Only:

Student Visa Type:

- J-1
 Other _____

(Student Applicants should NOT fill out this area)

Most exchange students who wish to study at Baruch will require a special non-immigrant J-1 visa. An approved Certificate of Eligibility (DS-2019) form authorizes you to apply for a J-1 visa. U.S. immigration authorities require colleges to certify a prospective student's ability to finance her/his semester/academic year spent at Baruch before they may issue a student a DS-2019. This **Confidential Declaration and Certification of Finances**, along with required original documentation, enables you to demonstrate your ability to finance your stay in the U.S. as an exchange student.

Please read all instructions carefully, and complete the Confidential Declaration accurately to the best of your knowledge. **PLEASE NOTE: *Before you submit the original documents, you should send scanned copies of this form and your proposed documents to the Study Abroad Office using our secure document drop feature*** (you will be sent instructions on how to use this.) This way you will be certain that the original documents you send meet all requirements. Once the Study Abroad Office has notified you that the documents you plan to submit are acceptable, you (and your sponsor[s], if applicable) must print and sign this form and send it, along with required forms and original documentation, to the **Baruch College Study Abroad Office**.

Please note: For all questions regarding this Confidential Declaration, **PLEASE CONTACT THE BARUCH COLLEGE STUDY ABROAD OFFICE FIRST**. Your DS-2019 will be issued by the International Student Services Center, but only upon recommendation from the Study Abroad Office.

PERSONAL INFORMATION

Please print your name exactly as it appears in your passport:

NAME:			
	Last (Family) Name	First (Given) Name	Middle Name(s)

DATE OF BIRTH:				EMAIL ADDRESS:	
	Month	Day	Year		

HOME ADDRESS 1:		COUNTRY:	
HOME ADDRESS 2:		POST CODE:	
CITY:		PHONE NUMBER:	

CITY OF BIRTH:		COUNTRY OF BIRTH:	
COUNTRY OF CITIZENSHIP*:			
*If you are a citizen of more than one country, list the country whose passport you will use to apply for your DS-2019.			

HOME UNIVERSITY:	
DATE FIRST ENROLLED (for current degree program):	
EXPECTED DATE OF GRADUATION:	

Do you have a U.S. Social Security Number?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, list <u>the last 4 digits</u> :	
--	------------------------------	-----------------------------	---	--

MARITAL STATUS:	<input type="checkbox"/> Single	<input type="checkbox"/> Married
------------------------	---------------------------------	----------------------------------

If you are coming alone, you may skip this section. If you are married and your spouse and/or child(ren) (who are considered "dependents" for purposes of the DS-2019) will be residing with you during your stay in the U.S., please complete the following information about each dependent who will be accompanying you.

1st DEPENDENT

Print her/his full name here exactly as it appears on her/his passport:

NAME:									
	Last (Family) Name			First (Given) Name			Middle Name(s)		
DATE OF BIRTH:				RELATIONSHIP TO STUDENT:	<input type="checkbox"/> Spouse		<input type="checkbox"/> Child		
	Month	Day	Year						
CITY OF BIRTH:					COUNTRY OF BIRTH:				
COUNTRY OF CITIZENSHIP*:									
*If he/she is a citizen of more than one country, list the country whose passport he/she will use to apply for her/his DS-2019.									

2nd DEPENDENT

Print her/his full name here exactly as it appears on her/his passport:

NAME:									
	Last (Family) Name			First (Given) Name			Middle Name(s)		
DATE OF BIRTH:				RELATIONSHIP TO STUDENT:	<input type="checkbox"/> Spouse		<input type="checkbox"/> Child		
	Month	Day	Year						
CITY OF BIRTH:					COUNTRY OF BIRTH:				
COUNTRY OF CITIZENSHIP*:									
*If he/she is a citizen of more than one country, list the country whose passport he/she will use to apply for her/his DS-2019.									

CURRENT U.S. IMMIGRATION STATUS

Do you currently have any type of non-immigrant visa issued by the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes, what non-immigrant visa do you have?		
If you answered yes, what was the date you entered the U.S. on this visa?		
If you answered yes, on what date does your visa status end?		

CERTIFYING YOUR SOURCES OF FINANCIAL SUPPORT

You (and your sponsor, if applicable) will need to document your ability to finance your stay in the United States as an exchange student. The documentation U.S. Consulates abroad will accept must be of a certain kind, and must be in a certain format. Please read and follow these instructions carefully when completing the financial declaration form below. **You should send scanned copies of the documents you intend to submit with this Declaration to the Study Abroad Office through the secure document drop site BEFORE you send the originals.** This way, it will be possible to help you correct any errors, and will save you time and expense.

GENERAL INSTRUCTIONS (these apply to documents submitted by you and your sponsor, if applicable):

- All documents must be original, official documents (NOT photocopies), and must bear original stamps and/or signatures.
- All documents must be submitted in English. Any document not in English must be accompanied by a certified translation into English.
- All financial documents must be denominated in U.S. dollars, or must indicate the equivalent in U.S. dollars.
- All supporting financial documentation must have been issued and dated **no earlier than January 15** for applications for the following fall semester (Part II application deadline April 15), and **July 1** for applications for the following spring semester (Part II application deadline October 15). Any financial documents issued before these dates will not be accepted.

KINDS AND FORMAT(S) OF FINANCIAL DOCUMENTATION

The financial documentation you submit should be in the following format(s): choose only what applies to you.

Bank documents (for the applicant and any sponsor[s]):

1. This must be a written letter or other statement from an officer of the bank or other financial institution or brokerage firm where you (or the sponsor) have accounts, giving the following details:
 - Date the account was opened
 - The **total** amount deposited in the past year
 - The current account balance

Please note: a letter that states “the account holder has sufficient funds to cover . . .,” without specifying a specific amount of money in the account, will NOT be accepted.
2. You (and/or your sponsor[s]) may also submit certified bank statements from **the previous 3 months**

Letter from an employer (mainly for sponsors, but may be from applicant, if receiving salary while abroad):

1. This letter should be on letterhead (company) stationery, with an original signature and stamp (if applicable), and should include:
 - Nature of employment
 - Date and duration of employment (and whether the position is temporary or permanent)
 - Salary paid
 - Conditions of payment during applicant’s time abroad (if applicable)

If self-employed (mainly for sponsors, but may be from applicant, if applicable):

- Copy of last income tax return filed or
- Report of commercial rating concern
- Schedule of assets with supporting documents

ESTIMATES OF EXPENSES FOR AN INDIVIDUAL STUDENT AT BARUCH COLLEGE, 2018 2019

Item	One semester	Academic year
Books and Supplies	\$909.50	\$1,819.00
Transportation	\$713.00	\$1,426.00
Personal Expenses	\$2,895.00	\$5,790.00
Housing	\$6,924.00	\$13,848.00
Meals (at home)	\$1,400.00	\$2,800.00
Lunch	\$821.50	\$1,643.00
TOTALS	\$13,663.00*	\$27,326.00*

*ADD \$5,500.00/\$3,000.00 per semester or \$11,000.00/\$6,000 per academic year for accompanying spouse/child
PLEASE NOTE: THE CURRENT FIGURES ARE SUBJECT TO CHANGE
 Consult the ISSC website (<http://www.baruch.cuny.edu/issc>) for the most up-to-date estimates

SOURCES OF FUNDS

NAME:			
	Last (Family) Name	First (Given) Name	Middle Name(s)

A. PERSONAL SAVINGS		
Please submit:		
<ul style="list-style-type: none"> ▪ a bank letter in the format described above, or ▪ certified bank statements from the previous 3 months 		
B. SPONSOR'S SAVINGS AND OTHER RESOURCES		
Please have each sponsor submit a completed Affidavit of Personal Sponsorship and:		
<ul style="list-style-type: none"> ▪ a bank letter in the format described above, and/or ▪ certified bank statements from the previous 3 months, and/or ▪ a letter from employer in the format described above, and/or ▪ documentation for self-employed persons in the format described above 		
Please note: It is advisable to have all supporting funding documents notarized.		
C. GOVERNMENT FUNDING		
Complete this ONLY if you are being funded by your government. Please list:		
▪ Name of government agency:		
▪ Type of award:		
▪ Total amount of award (in U.S. dollars):		
▪ Documentation of award provided:		
D. OTHER SOURCES OF FUNDING (loans, travel grant, etc.)		
▪ Type of funding:		
▪ Total amount of funding (in U.S. dollars):		
▪ Documentation of funding provided:		
▪ Type of funding:		
▪ Total amount of funding (in U.S. dollars):		
▪ Documentation of funding provided:		
▪ Type of funding:		
▪ Total amount of funding (in U.S. dollars):		
▪ Documentation of funding provided:		
E. LIVING EXPENSES/ROOM AND BOARD		
If you will be receiving room and board from a friend or relative, please submit:		
<ul style="list-style-type: none"> ▪ Signed letter from the person who is providing room and board. 		
(Room and board is worth \$7,750.00 towards expenses for semester, \$15,500.00 for year.)		
TOTAL (A+B+C+D+E)		

PLEASE READ THE FOLLOWING AND SIGN IN THE APPROPRIATE FIELD(S)

- I/We hereby certify that the above information is accurate and that I am/We are aware of the full cost of education at Baruch College as outlined in the table on **page 3** of this form.
- I/We have completed the Affidavit(s) of Personal Sponsorship, if required.
- I/We have further provided original documents to support the entries made on the table on **page 4**, and on the Affidavit(s) of Personal Sponsorship, if applicable.
- We certify that the funds listed on **page 4** are available and will be provided to the student for the entire period of study.

Student's name (please print)	Student's signature (in blue ink if possible)	Date
1st Sponsor's name (if applicable) (please print)	1st Sponsor's signature	Date
1st Sponsor's address 1 (street, house number, etc.)	1st Sponsor's relationship to student	
1st Sponsor's address 2 (city, postal code, country)		
2nd Sponsor's name (if applicable) (please print)	2nd Sponsor's signature	Date
2nd Sponsor's address 1 (street, house number, etc.)	2nd Sponsor's relationship to student	
2nd Sponsor's address 2 (city, postal code, country)		

(Please have completed only if the source of any funding for your expenses during your stay is a family member or friend.)

SPONSOR INFORMATION

(Last /Family Name) (First /Given Name) (Middle Name[s])

(Address 1) (City) (Postal Code)

(Address 2) (Country)

DATE OF BIRTH: ____/____/____ Gender Female Male
Month/ Day /Year)

CERTIFICATION OF SPONSORSHIP

I hereby certify that I am able, willing and do commit to provide _____ ,
(Name of exchange student)

who will be participating in the exchange program with Baruch College during the _____
Fall semester 20 ____
Spring semester 20 ____
(check all that apply)

with the amount of US\$ _____
(in numbers) (Amount written in words)

I currently have US\$ _____
(in numbers) (Amount written in words)

in my account with _____
(Name of bank) (Address of bank)

_____ .
(City) (Country)

I have attached a bank statement issued within the past 90 days, validated by a bank officer and translated into English if not already in English.

I certify that the information given above is accurate to the best of my knowledge. I agree to inform the International Student Service Center at Baruch College of any changes to my legal or financial situation that could affect my ability to fulfill my obligations as sponsor for the above-named student

_____ (Signature) _____ (Date)



CERTIFICATION OF INSURANCE COVERAGE

(To be completed by all Exchange Students with J-1 Status attending Baruch College)

Required Insurance Coverage for Students with J-1 Visa Status

Exchange students are required to have medical insurance in effect for themselves and for any accompanying spouse and/or other dependents on J visas. **You are required to have acquired this insurance before your arrival in the United States.**

Minimum Coverage

Exchange students must have insurance that provides the following minimum coverage:

- (1) medical benefits of at least **\$100,000** per person per accident or illness
- (2) repatriation of remains in the amount of **\$25,000**
- (3) expenses associated with medical evacuation in the amount of **\$50,000**

Additional Terms

The policy should NOT have a deductible that exceeds **\$500** per accident or illness, and must meet other standards specified in the regulations.

Maintenance of Insurance

Exchange students must maintain the required insurance during the duration of their program. Baruch does NOT provide insurance coverage for any of its students; exchange students must therefore purchase medical, accident and emergency insurance.

Name (please type or print legibly): _____
(Last Name[s]) (first name)

Home University: _____ **Term(s) attending:** _____ **Fall** _____ **Spring** _____

Dates of Program on DS-2019: From: _____ **to** _____
(Month/Day/Year) (Month/Day/Year)

Insurance Policy Information

Please complete the following information. You are required to attach a photocopy of the receipt of the policy you purchased or other evidence of adequate coverage.

Company: _____

Address: _____

Policy Number: _____

Dates of Enrollment: _____

Please read, sign, and date, and return this original signed copy to the Baruch Study Abroad Office:

I hereby certify that I have obtained health and accident insurance coverage for myself and for any dependents traveling with me for the entire period I will be in the United States under the auspices of the J-1 Exchange Visitor Program at Baruch College,

Exchange Student Signature

Date