



Exchange Student Application Packet
Part II: Visa, Finances,
and Insurance Certification

Special Instructions for Submitting Documents for Part II for the Fall 2023 Semester

Baruch staff members may still be working in a hybrid mode during the fall 2023 term. As a result, the International Student Service Center (ISSC), which processes exchange student applications for DS-2019 (which entitles you to apply for a J-1 visa from the local U.S. consulate in your country) has suspended some of the usual requirements regarding the submission of original documents for Part II of the Baruch Exchange Student Application for students applying to study at Baruch **during the fall 2023 semester**. In particular, the ISSC has agreed to accept:

1. **Scanned copies** of all original documents required for the Certification of your Finances, and
2. **Digital signatures** on all documents that require an original signature. (Please refer to the instructions at the beginning of Part I of the application on how to create and use a digital signature.)

PLEASE NOTE: All scanned documents must be submitted in PDF format. Any documents submitted in any other format (for example, jpeg) will NOT be accepted.

All electronic documents relating to Part II of your application **must be submitted to the Baruch Study Abroad Office** using the **Secure Document Drop Box**. Do **NOT** send these documents as email attachments!

Instructions on how to send documents through the **Secure Document Drop-Box** are given below.

CONTENTS OF PART II

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

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

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

- **Deadline for submitting this form and supporting documentation: April 15.**

b. *The Affidavit of Personal Sponsorship.*

If you will be receiving funding from a relative or friend during your time at Baruch, this person is considered to be a "Personal Sponsor." Each Personal Sponsor is required to submit a separate completed and signed *Affidavit of Personal Sponsorship* and supporting financial documentation. You are allowed to submit **scanned copies** of the completed and signed Affidavit(s) and any required original documentation. Your Personal Sponsor may sign the *Affidavit of Personal Sponsorship* using a digital signature.

- **Deadline for submitting this form and supporting documentation: April 15.**

c. *The Certification of Insurance Coverage Form.*


You should not purchase your insurance until after you have obtained your J-1 visa. Once you have obtained the visa, purchase your insurance, fill out and send in your *Certification of Insurance Coverage Form*. This form may also be signed using a digital signature.

- **Deadline for submitting the *Certification of Insurance Form* and copies of the required documentation: within one week of the date you obtain your visa, but before you arrive in the United States.**

FILLING OUT "FILLABLE" PDF DOCUMENTS¹

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 DC*. If you do not have the most current version of the free *Adobe Reader DC* software on your computer, you can download it at <https://get.adobe.com/reader/>.

Please read the following carefully BEFORE submitting the forms in Part II of your Exchange Student Application:

- Electronically "fillable" PDF forms enable you to fill in the highlighted fields on the form on a computer using *Adobe Reader DC* or similar software (we recommend using *Adobe Reader DC* to complete the forms, if possible). Open the Application file in *Adobe Reader DC*, 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. Make sure that you fill in all required fields (outlined in red) and any other fields that apply to you.
- 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 and days. Select your month and day of birth from those lists, and fill in the field for the year.
- You may save a copy of this file at any time by clicking on the save icon  on the toolbar of Adobe Reader DC. Thus, 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, just overwrite the previous version of the saved file, or create a new one, if you prefer.

SUBMITTING DOCUMENTS THROUGH THE SECURE DOCUMENT DROP-BOX

PLEASE NOTE: Scanned copies of all documents *submitted* for Part II of your application must be sent to the Baruch Study Abroad Office, using the Secure Document Drop-box.

1. Once you (and your Personal Sponsor[s], if applicable) have completed the Confidential Declaration and Affidavit(s) of Personal Sponsorship (if applicable), make scanned copies of these forms, and all the required documentation, and submit them to the Study Abroad Office as PDF files using the SECURE DROP-BOX.

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 format only**)
 - 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. (Do **NOT** 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. **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 submit a scanned signed copy of the *Certification of Insurance Coverage Form*, along with documentation showing a summary of the coverage of the insurance policy to the Study Abroad Office through the SECURE DOCUMENT DROP-BOX, using the method described above. This form may be signed electronically, as long as it is a genuine digital signature.
 4. 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.

¹ This section repeats the instructions contained in the "READ ME FIRST" document you received.

<h2 style="margin: 0;">EXCHANGE STUDENT CONFIDENTIAL DECLARATION AND CERTIFICATION OF FINANCES</h2>	<p>For ISSC Office Use Only: Student Visa Type: J-1 Other _____ (Student Applicants should NOT fill out this area)</p>
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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 will 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: Because staff members at Baruch continue to work partially remotely during the COVID-19 pandemic, for those students applying to study at Baruch for the fall 2023 semester, the International Student Services Center (ISSC) has agreed to accept scanned copies of all official financial documents, and to accept digital signatures on any documents requiring an official signature.

All scanned documents must be submitted in PDF format only, and must be submitted to the Study Abroad Office using our Secure Document Drop-Box

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 ISSC, but only upon recommendation from the Study Abroad Office.

PERSONAL INFORMATION

Please enter 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?	Yes	No	If yes, list the last 4 digits:
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PERSONAL INFORMATION (continued)

MARITAL STATUS: Single 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:		Spouse Child
	Month		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:		Spouse 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?	Yes 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 Personal Sponsor, if applicable) will need to document your ability to finance your stay in the United States as an exchange student. U.S. Consulates abroad will only accept certain kinds of documentation, and only in certain formats. Please read and follow the instructions below carefully when completing the "Sources of Funds" form below. Once you have completed all forms, **you should send scanned copies of all documents you intend to submit with this Declaration to the Study Abroad Office through the Secure Document Drop-Box.**

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

- All documents that you scan must be original, official documents (NOT scans of photocopies). The documents must bear original stamps and must be signed, but the signatures may be digital signatures.
- All documents must be accompanied by a certified translation into English if they are not already in English.
- All financial documents must be denominated in U.S. dollars, or must indicate the equivalent in U.S. dollars. You may also show the equivalent dollar amount by attaching a scanned photocopy of the exchange conversion from that day taken from OANDA.com website.
- All supporting financial documentation must have been issued and dated **no earlier than March 15** for applications for the following fall semester or academic year (fall/spring) (Part II deadline for fall semester/academic year is April 15). Any financial documents issued before that date will not be accepted.

KINDS AND FORMAT OF FINANCIAL DOCUMENTATION ACCEPTED

The bank documents you submit (for the applicant and any sponsor[s]) should be in the following format:

1. An original written letter or other statement from an officer of the bank or other financial institution, where you (or the Personal 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 bank statements from the previous 3 months **certified as authentic (signed and stamped) by a bank official.**
3. The funds listed must be in accounts that allow immediate access to them by the applicant/sponsor.

ESTIMATES OF EXPENSES FOR AN INDIVIDUAL STUDENT AT BARUCH COLLEGE, 2023-2024

Item	One semester	Academic
Books and Supplies	\$950.00	\$1,900.00
Transportation	\$770.00	\$1,540.00
Personal Expenses	\$2,500.00	\$5,000.00
Housing	\$8,100.00	\$16,200.00
Meals (at home)	\$1,512.00	\$3,024.00
Lunch	\$860.00	\$1,720.00
TOTALS	\$14,692.00	\$29,384.00

*If accompanied by one or more dependents:

Add \$5,500.00 for one semester, and \$11,000.00 per academic year for accompanying spouse. Add \$3000.00 for one semester, and \$6,000.00 per academic year for accompanying child.

PLEASE NOTE: THE CURRENT FIGURES ARE SUBJECT TO CHANGE
You will be notified of any changes made to the estimates of your living expenses.

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 <i>Affidavit of Personal Sponsorship</i> 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 		
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:		
<ul style="list-style-type: none"> ▪ Name of government agency: 		
<ul style="list-style-type: none"> ▪ Type of award: 		
<ul style="list-style-type: none"> ▪ Total amount of award (in U.S. dollars): 		
<ul style="list-style-type: none"> ▪ Documentation of award provided: 		
D. OTHER SOURCES OF FUNDING (loans, travel grant, etc.)		
<ul style="list-style-type: none"> ▪ Type of funding: 		
<ul style="list-style-type: none"> ▪ Total amount of funding (in U.S. dollars): 		
<ul style="list-style-type: none"> ▪ Documentation of funding provided: 		
<ul style="list-style-type: none"> ▪ Type of funding: 		
<ul style="list-style-type: none"> ▪ Total amount of funding (in U.S. dollars): 		
<ul style="list-style-type: none"> ▪ Documentation of funding provided: 		
<ul style="list-style-type: none"> ▪ Type of funding: 		
<ul style="list-style-type: none"> ▪ Total amount of funding (in U.S. dollars): 		
<ul style="list-style-type: none"> ▪ 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 showing address from the person who is providing room and board. 		
(Room alone is worth \$7,960.00 towards expenses for semester, \$15,920.00 for year.)		
(Room and board is worth \$10,331.00 towards expenses for semester, \$20,662.00 for year.)		
TOTAL (A+B+C+D+E)		

FINAL CERTIFICATION(S)

PLEASE READ THE FOLLOWING, CHECK THE BOXES, FILL IN, SIGN AND DATE IN THE APPROPRIATE FIELD(S)

By signing below, I (or we, if applicable) 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.

I/We certify that the funds listed on **page 4** are available and will be accessible and provided to the student for the entire period of study.

Student's name (please print)	Student's signature (digital or by hand, in blue ink)	Date (MM/DD/YY)
1st Sponsor's name (if applicable) (please print)	1st Sponsor's signature (digital or by hand, in blue ink)	Date (MM/DD/YY)
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 (digital or by hand, in blue ink)	Date (MM/DD/YY)
2nd Sponsor's address 1 (street, house number, etc.)	2nd Sponsor's relationship to student	
2nd Sponsor's address 2 (city, postal code, country)		

AFFIDAVIT OF PERSONAL SPONSORSHIP

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

PERSONAL SPONSOR INFORMATION

Please enter your name **exactly** as it appears in your passport:

NAME:				GENDER:	
	Last (Family) Name	First (Given) Name	Middle Name(s)		F M
HOME ADDRESS 1:				COUNTRY:	
HOME ADDRESS 2:				POST CODE:	
CITY:				PHONE NUMBER:	
DATE OF BIRTH:				EMAIL ADDRESS:	
	Month	Day	Year		

CERTIFICATION OF SPONSORSHIP

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

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 letter or bank statement(s) 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 **Study Abroad Office** 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
(digital or by hand, in blue ink)

Date
(MM/DD/YY)

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:

- medical benefits of at least **\$100,000** per person per accident or illness
- (1)** repatriation of remains in the amount of **\$25,000**
- (2)** 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. In other words, **the policy you purchase should begin BEFORE you depart for the United States, and not end until AFTER YOU HAVE LEFT the United States.**

Name (please type, or print legibly):		
	Last (Family) Name(s)	First (Given) Name
Home University:		Term(s) attending: Fall 20 ____ Spring 20 ____
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 and a summary of benefits that shows that the policy provides the required coverage.

Insurance company name: _____

Insurance company address: _____

Policy number: _____

Dates of enrollment: **From:** **To:**

Month Day Year Month Day Year

Please read, sign, and date, and return a 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 (digital or by hand, in BLUE ink)	Date (MM/DD/YY)
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