

J-1

International

Student

Application

Guide

**Non-Degree Short-term Study at Brooklyn
College**

Dear Student:

Brooklyn College welcomes students from around the world. Students come to Brooklyn College because of our reputation for offering the very best education in the best city in the world. We have laid out this Application Guide to help the prospective international student navigate the process.

Please review the following steps to completing the visiting application and the DS-2019 application:

- **Non-Degree application:** Student must complete Brooklyn College's J-1 student visitor application to attend Brooklyn College as a visiting student.
- **DS-2019 Application:** Student must complete the Student Exchange Visitors Application Form for the DS-2019.
- **Financial Documents:** Students must submit bank statements from their sponsors and/or letters from their university guaranteeing coverage of their tuition and fees and/ or exchange agreement between Brooklyn College and their university.
- **Home institution acknowledgement:** Students must submit a letter on official letterhead from their home institution acknowledging that the student will be participating in a study abroad program at Brooklyn College.
- **Passport Biographical Page**
- **Medical Insurance Attestation:** J-1 students must have medical insurance. Please read and sign the attached attestation. Once students arrive to Brooklyn College, they must provide proof of their insurance policy
- **Orientation Requirement:** All students on a J-1 Visa must attend a mandatory orientation about their J-1 status. Please read and sign the Orientation Requirement form.
- **Embassy Appointment:** After receiving the DS-2019 and letter of acceptance letter from Brooklyn College the student needs to pay the SEVIS Fee and make an appointment with the U.S. embassy to obtain their J-1 visa.
- **Immunization Record:** New York State requires all enrolling students to provide documentation proving immunity to measles, mumps, and rubella. Please have your health professional complete the Student Immunization Form.

Please submit these documents to the Office of International Student and Scholar Services
Aguerin@brooklyn.cuny.edu or iss@brooklyn.cuny.edu.

-- International J-I Student Visitor--

INFORMATION

Semester Applying for:

(please print neatly)

FALL SPRING SUMMER

YEAR _____

Sex: Male Female

Other

Date of Birth _____

Month/Date/Year

Last Name _____

First Name _____

Middle Name _____

HOME ADDRESS

House Number and Street Name _____

Apartment # _____

City _____

State/Province _____

Postal Code _____

Country _____

Length of time at the above address (Months and Years)? _____

Telephone Number(s) _____

Evening _____

Day _____

Email Address: _____

Are you a United States Citizen? Yes No

(If No, then please complete the DS-2019 Application)

Country of Birth _____

Country of Citizenship _____

INSTITUTIONAL INFORMATION

Are you currently a student at a college, university, or institution of higher education outside the United States?

Yes

No

What is the name of your home institution of higher education, college, or university? _____

Who is the contact person at your home institution? Name: _____ Email: _____

Will the credits you earn at Brooklyn College count toward or be transferred to your degree at your home institutions? _____

What is your major or focus of study? _____



EDUCATIONAL HISTORY

High School(s) Attended

School Name

Address

Date Entered

Date Left

Graduation Date

Universities, Colleges or Other Post-Secondary Schools Attended

School Name

Address

Date Entered

Date Left

Graduation Date

School Name

Address

Date Entered

Date Left

Graduation Date

Course(s) of Interest

I hereby certify that all the information given in this application is accurate and complete. I understand that all the information contained in this application will be treated confidentially and used for institutional purposes only. I realize that failure to provide complete and accurate information may affect my admission. I understand that my application will not be considered until all the necessary documents are received by the Office of Admissions.

Signature of Applicant

Date

For Internal Use Only:

Date Documents Received:		Comments:
Student Type:	<input type="checkbox"/> Exchange student <input type="checkbox"/> Visiting Student	
Status	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied	
Date Sent to ISS		

DS-2019 Student Exchange Visitor Application

The information requested on this form is required for issuance of the Certificate of Eligibility (DS-2019) form. The DS-2019 form is needed in order to obtain the J-1 Exchange Visitor's Visa and to maintain J-1 Immigration Status. **Email this form and attachments to: iss@brooklyn.cuny.edu or mail original documents and attachments to: Office of International Student and Scholar Services, Rm 235 West Quad, Brooklyn College, 2900 Bedford Ave, New York, NY 11210.**

Background Information

1. Last Name (as it appears in your passport) _____

2. First Name (as it appears in your passport) _____

3. Date of Birth (month/date/year) _____ Male Female Other

4. City & Country of Birth _____

5. Country of Citizenship _____ Country of Permanent Residence _____

6. Mailing Address _____

7. Permanent Overseas Address _____

8. Home Phone # _____ Cell Phone # _____ Fax # _____

9. Email Address _____

10. Name of U.S. Contact Person _____

11. U.S. Contact Person's Address _____

12. U.S. Contact's Home Phone # _____ Cell Phone# _____

13. U.S. Contact's Fax # _____ Email _____

Brooklyn College Information

14. Name of home University _____

15. Academic Program Admitted To: Master's Degree _____ Non-Degree _____

16. Length of Enrollment: Beginning Date _____ Ending Date _____

17. Field of Study _____ Other Proposed Activities _____

Declaration of Finances

Please submit the Financial Support/Declaration of Finances form below. These forms are needed to determine DS-2019 eligibility.

Visa & Immigration Information

18. Have you been in J-1 visa/immigration status for more than 6 of the last 12 months? Yes No If yes, list the institution that issued your last DS-2019 form _____ Attach copies of previous DS-2019 and J-1 visa stamp.

19. Attach a copy of your passport; include pages that show your passport number, photo, name, country of birth, birth date, expiration date and U.S. visa stamps.

20. Will your spouse and/or children be accompanying you? _____ If yes, they will need the J-2 dependent visa & immigration status. Please complete the information below for spouse and children accompanying you. Please use the back of this page for additional dependents. Also attaches copies of each dependents passport and U.S. visa stamps.

Spouse Name _____ Male ___ Female ___ Other

Spouse Date of Birth: _____ Country of Birth _____

Country of Legal Permanent Resident: _____

Child Name _____ Male ___ Female ___ Other

Child Date of Birth: _____ Country of Birth _____

Country of Legal Permanent Resident: _____

21. The U.S. Department of State requires all J-1 and J-2 Exchange Visitors to obtain and maintain medical insurance during their U.S. stay. Please complete and return the J-1 Medical Insurance Requirement form below.

DECLARATION & CERTIFICATION OF FINANCES

- Graduate Non-Degree: Total amount for ONE SEMESTER provided from all sources should be equivalent to **\$22,624**. Tuition & Fees: **\$7,908*** Living Expenses: **\$14,016**
- Graduate Non-Degree: Total amount for ONE ACADEMIC YEAR provided from all sources should be equivalent to **\$54,862**. Tuition & Fees: **\$17,816*** Living Expenses: **\$37,046**

Name: _____ Date of Birth: _____ CUNY College: _____

Current Address: _____

Phone#: _____ Email Address: _____

Self-Sponsored Support: Attach bank statement(s) in English.

Annual Amount For: Housing \$ _____ Living Expenses \$ _____

Family/Friend Sponsored Support: Each sponsor must submit an Affidavit of Support Form. **Attach** document showing current address, phone # & email address; bank statement, & proof of income for each sponsor (e.g. tax return, paycheck stub, employer letter on company letterhead-include title, salary & number years worked.)

Name: _____ Relationship to Student _____

Annual Amount Given For: Housing \$ _____ Living Expenses \$ _____ Check one of the following boxes. I am providing room only in my home I am providing room and meals in my home .

Name: _____ Relationship to Student _____

Annual Amount Given For: Housing \$ _____ Living Expenses \$ _____ Check one of the following boxes. I am providing room only in my home I am providing room and meals in my home .

Government Sponsored Support:

Attach award letter indicating coverage of the following: **annual tuition; fees; insurance; book stipend; living expense stipend.**

Annual Amount Awarded:

\$ _____

University/Organization Sponsored Support: Attach an official letter of support indicating amounts awarded for tuition, housing, insurance, books/supplies, meals, transportation, and any other living expenses.

Name: _____

Type: _____ **Annual Amount Awarded:** _____

***Exchange students are exempt from paying this amount. Exchange students only provide funding for living expenses.**

AFFIDAVIT OF SUPPORT

This form is for individuals using their own income and/or savings to support a student. It must be completed by the person who will provide the student with full or partial financial support and/or room and board during the student's course of study at Brooklyn College.

SPONSORS PROVIDING FINANCIAL SUPPORT MUST COMPLETE ITEMS 1-6. SPONSORS PROVIDING ROOM AND/OR BOARD MUST COMPLETE ITEMS 1 AND 7.

SPONSOR INFORMATION

1) I, _____, citizen of, _____
(Name of sponsor) (Country)
and residing at _____
(Street) (City/State) (Country) (Postal code) (Telephone)

certify the following:

2) I am employed with _____
(Name of employer)
Located at _____
(Street) (City/State) (Country) (Postal code) (Telephone)

I receive an annual income of \$ _____ (U.S.) from this employment.
(Attach a current salary confirmation statement written by that employer, or verification of annual income for self-employed or retired individuals. The employer statement or verification of annual income must be written in English or come with a certified translation.)

3) I have \$ _____ (U.S.) on deposit with
Name of Bank: _____
Address of Bank: _____
(Number and street) (City) (State) (Zip code)

Attach bank officer's statement of account history.

4a) I currently support _____ persons (including myself). Our total annual income is \$ _____ (U.S.).

Our total family expenses are \$ _____ (U.S.)

4b) I sponsor _____ (number) individuals for immigration in addition to this affidavit.

STUDENT SUPPORT INFORMATION

5) This affidavit is executed on behalf of _____ who was born on _____. She/he is my _____
(Name of student) (mm/dd/yyyy) (Relationship to Sponsor)

6) I hereby certify that I am willing, able and do commit to provide _____ with the annual amount of
(Name of student)

\$ _____ (U.S.) for her/his tuition, fees and/or living expenses each year during the entire program of study at the City

University of New York until _____.
(Date of sponsorship termination)

BUDGET ESTIMATES FOR J-1 STUDENTS

The tuition and fees are set by the Board of Trustees of the City University of New York and are subject to change. The cost of living budget is for a 4.5-month period for one semester and 10 month period for one academic year. These are modest budgets. Please be advised that “no extras” are in these budgets. These budgets do not include costs such as telephone calls, transportation to and from your country of origin, etc. It is highly recommended that you budget 10% more than what is estimated below.

Graduate/ Master’s Visiting Student/ Non-Degree Budget Estimates (2025-2026)

BOOKS AND SUPPLIES	750
TRANSPORTATION (ex: unlimited NYC Metro card for subway/buses)	594
PERSONAL EXPENSES	1,412
HOUSING (Individual's cost based on average shared apartment)*	9,315
FOOD (at home)	1,345
LUNCH	850
INSURANCE	500
TUITION (\$855 per credit; 9 credits per semester)**	7,695
FEES (Student Activities Fee, Consolidated Fee, Technology Fee)**	213
TOTAL ESTIMATE FOR ONE SEMESTER ***	\$22,674

*The amount allocated for housing expects that students are sharing housing space.

**Tuition and Fees stated are based on the students taking at least 9 credits per semester. 9 credits is the minimum number of credits required to be a full-time student and are necessary to maintain lawful immigration status. (Estimates are subject to change).
Exchange students are exempt from this amount.

***Data sources from CUNY and US Bureau of Labor Statistics

Graduate/ Master’s Visiting Student/ Non-Degree Budget Estimates (2025-2026)

BOOKS AND SUPPLIES	2,000
TRANSPORTATION (ex: unlimited NYC Metro card for subway/buses)	1,584
PERSONAL EXPENSES	3,766
HOUSING (Individual's cost based on average shared apartment)*	24,840
FOOD (at home)	3,588
LUNCH	2,268
INSURANCE	1,000
TUITION (\$855 per credit; 9 credits per semester)**	15,390
FEES (Student Activities Fee, Consolidated Fee, Technology Fee)**	426
TOTAL ESTIMATE FOR ONE ACADEMIC YEAR ***	\$54,862

*The amount allocated for housing expects that students are sharing housing space.

**Tuition and Fees stated are based on the students taking at least 9 credits per semester. 9 credits is the minimum number of credits required to be a full-time student and are necessary to maintain lawful immigration status. (Estimates are subject to change).
Exchange students are exempt from this amount.

***Data sources from CUNY and US Bureau of Labor Statistics

INSURANCE REQUIREMENTS

According to J-1 regulation 22 CFR 62.14(a), all students, scholars, and their J-2 dependents are required to have health insurance that meets Department Of State requirements. These insurance requirements set for the by DOS are as follows:

1. Major medical benefits must be at least \$100,000 for each accidental illness.
2. Repatriation benefit must be at least \$25,000.
3. Medical evacuation must be covered for at least \$50,000.
4. The deductible for each accident or illness may not exceed \$500.
5. Policy may not unreasonably exclude coverage for perils inherent to the activities of the exchange program.

I, _____ agree that I am/will be in compliance with the
(print first name) (print last name)

insurance regulations as specified in 22 CFR section 62.14(a) of the exchange regulations, and I understand that it is my responsibility to maintain my status and continue health insurance coverage for myself and J-2 dependents for the duration of my J-1 program. I also understand that if I willfully fail to maintain this coverage, I will be in violation of my J-1 status.

Signature

Date

ORIENTATION REQUIREMENT

According to 22 CFR 62.10 (c) sponsors are responsible for the effective administration of their exchange visitor programs which includes *Orientation*. The regulation states that all sponsors shall offer appropriate orientation for all exchange visitors. Sponsors are encouraged to provide orientation for the exchange visitor's immediate family, especially those who are expected to be in the United States for more than one year. Orientation shall include, but not be limited to, information concerning:

1. Life and customs in the United States;
2. Local community resources (e.g., public transportation, medical centers, schools, libraries, recreation centers, and banks), to the extent possible;
3. Available health care, emergency assistance, and insurance coverage;
4. A description of the program in which the exchange visitor is participating;
5. Rules that the exchange visitors are required to follow under the sponsor's program;
6. Address of the sponsor and the name and telephone number of the responsible officer; and
7. Address and telephone number of the Exchange Visitor Program Services of the Department of State and a copy of the Exchange Visitor Program brochure outlining the regulations relevant to the exchange visitors.

I, _____ agree that I am/will be in compliance with the orientation requirements as specified in 22 CFR 62.10 (c) sponsors are responsible for the effective administration of their exchange visitor programs which includes *Orientation*. The regulation states that all sponsors shall offer appropriate orientation for all exchange visitors. Sponsors are encouraged to provide orientation for the exchange visitor's immediate family, especially those who are expected to be in the United States for more than one year.

Signature

Date

If there are any questions regarding this form you may contact in the Office of International Student and Scholar Services at 718-951-4477 or iss@brooklyn.cuny.edu.