

ROUKEMA CENTER FOR INTERNATIONAL EDUCATION

505 Ramapo Valley Road, ASB 123, Mahwah, NJ 07430-1680 Phone (201) 684-7567 Fax (201) 684-7989 www.ramapo.edu/international

APPLICATION FOR INTERNATIONAL J -1 STUDENT/SCHOLAR

Please check one					
New Application:	Transfer:	Check-In:			
Update Information:	(Personal Immigration Financial	DepartmentDependent)			

Personal Information (Please type or print clearly)

<u> Highest Degree Cor</u>	<u>npleted</u> Associates _	Bachelors	Masters PhD
Financial Informati	ion (please provide origina	l copies of all financial docun	nents)
Personal Funds:	\$	Government Funds (U.S.)	\$
Family Funds:	\$	Government Funds (Fore	ign) \$
RAMAPO Funds:	\$	Other:	\$
TOTAL from all sour	rces: \$		
Denartment Inform	nation (If currently in the U	Inited States)	
			Addrace:
			Address:
			Email:
Administrative Contac	t Name:	Phone:	Email:
Dependent Informa	ation (ONLY if they will a	eccompany you to the U.S.)	
1. Name: (as in passport)	• • • • • • • • • • • • • • • • • • • •	1 00	
, m passport	Family Name	Given Name	Middle Name
	/ Gender: Ma	leFemale Relationsl	nip
Country of Birth:	City/Province o	of Birth:	Country of Citizenship:
Passport Number:	Passport Issue Da		Expiration Date:/
If inside the U.S., please	indicate date of last arrival:	mo day yr Current visa status:	mo day yrExpires on:
	no day yr Visa Issue Da	te: ${mo} {day} {yr}$ Place of V	isa issuance:
I-94 number (white card	in passport):	I-94 Expiration D	Date:/ D/S:
			mo day yr
2. Name: (as in passport	ID page):	Given Name	Middle Name
	/ Gender: Ma	leFemale Relationsl	nip
Country of Birth:	City/Province o	of Birth:	Country of Citizenship:
Passport Number:	Passport Issue Da		Expiration Date:/
If inside the U.S., please	indicate date of last arrival:	mo day yr Current visa status:	mo day yrExpires on:
-	//Visa Issue Da	te:/ Place of V	isa issuance:
I-94 number (white card	in passport):	I-94 Expiration D	Date:/ D/S: modayyr
Applicant's Name		Signature	Date
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MEDICAL INSURANCE COMPLIANCE AGREEMENT

Exchange visitors are required by law to have medical insurance in effect for themselves and any accompanying spouse and dependents on J visas. The insurance must be maintained for the duration of their program. Our office provides insurance brochures that meet the requirement or you may obtain your own coverage as long as it meets the requirements. If you wish assistance for an

ESTIMATE OF EXPENSES

Please provide evidence of sufficient funds to support your period of stay here in the US in order for International Services to issue you the DS-2019. RAMAPO salary/stipend information will be shown in the letter of appointment but if the funding is from other sources ORIGINAL documentation must be submitted. All documents must be translated in English and must be converted to US dollars.

Cost Estimates

Scholars only \$1,800 per month \$21,600 per year

Note: All financial resources must be in liquid assets-readily available to the visitor.

Dependents \$416 per month per dependent \$5,000 per year per dependent

SPONSOR INFORMATION

Please provide the following information and attach original copies of the supporting documents.

Name of the Sponsor: __ Last Name First Name Middle Name Address of the Sponsor: Postal/Zip Code City State/Province Country Day Time Phone Number: ______ Evening Phone Number: _____ Relationship to the Applicant: I herby certify that I will provide support for ______ and the following number of accompanying dependents _____ to participate in an exchange program at Ramapo College, in the School/Department of _____ I will provide funds from the following sources: Provided from Bank Account: Provided from Annual Income: \$_____(please identify sources) Provided from Other Sources: TOTAL: Signature of Sponsor: