



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 ___ Department ___ Dependent ___)

Personal Information (Please type or print clearly)

Name: (as in passport ID page): ___
Family Name Given Name Middle Name

All other Names used (including maiden name, if applicable): _____

Date of Birth: ___/___/___ Gender: Male ___ Female ___ Marital Status: Married ___ Single ___
mo day yr

Country of Birth: ___ City/Province of Birth: ___ Country of Citizenship: _____

U.S. Home Address (if in the U.S.): _____
Street Apartment

City State Zip
Telephone: ___ Fax: ___ Email: _____

Foreign Address (HOME): _____
Street

City Country/Province Zip/Postal Code
Telephone: ___ Fax: ___ Email: _____

Job Title in Home Country: ___ Employer's Name/Address: _____

Immigration Information

Passport Number: ___ Passport Issue Date: ___/___/___ Passport Expiration Date: ___/___/___
mo day yr mo day yr

Have you ever held a J-1 visa status? YES ___ NO ___ (if YES please provide dates and copies of all previously issued DS-2019)
From: ___ To: _____

(Please complete the following ONLY if currently in the United States)

Date of last arrival: ___ Current visa status: ___ Expires on: _____

I-94 number (white card in your passport): ___ I-94 Expiration Date: ___/___/___ D/S: ___
mo day yr

Visa Number (red number on visa): ___ Visa Control Number: _____

Visa Expiration Date: ___/___/___ Place of Visa Issuance: ___ Date of Visa Issuance: ___/___/___
mo day yr mo day yr

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 insurance program, please visit our office upon arrival so we can advise you.

NOTE: *Medical insurance policies generally do not cover pre-existing medical conditions. If you have a health condition that may require treatment in the U.S., you may be required to pay cash for such treatments.*

Minimum Coverage Required:

1. Medical Benefits of at least \$50,000 per person per accident or illness
2. Repatriation of remains in the amount of \$7,500
3. Expenses associate with medical evacuation in the amount of \$10,000

Please answer the following questions:

I do attest that I will comply with the terms and conditions of the J-1/J-2 mandatory health insurance requirements as outlined above.

_____ YES _____ NO

I understand that I jeopardize my Exchange Visitor status if I fail to comply.

_____ YES _____ NO

Your Name: _____ Signature: _____ Date: _____

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.

<u>Cost Estimates</u>		
Scholars only	\$1,800 per month	\$21,600 per year
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.

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

Name of the Sponsor: _____
Last Name First Name Middle Name

Address of the Sponsor: _____

City State/Province Country Postal/Zip Code

Day Time Phone Number: _____ Evening Phone Number: _____

Email: _____

Relationship to the Applicant: _____

I hereby 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: \$ _____

Provided from Other Sources: \$ _____ (please identify sources)

TOTAL: \$ _____

Signature of Sponsor: _____

Date: _____