



Visiting Scholar Data Form

PERSONAL INFORMATION *please print or type*

1. Name: _____
Last (family) First (given) Middle
2. Home Address _____

3. Telephone: _____
4. Mailing Address _____
(if different from home address): _____
5. Email Address: _____
6. Gender: male _____ female _____ Date of Birth (month/day/year): _____
7. City of Birth: _____ Country of Birth: _____
8. Country of Citizenship: _____
9. Occupation in home country: _____
10. My specific field of study, research or professional activity is:

11. Dates of proposed visit: _____

If you are currently in the USA, what is your current visa status? _____

Please include a copy of your current immigration documents (I-94, I-20, DS2019, etc.)

If you are currently outside the United States, but have previously visited the US, what type of visa did you have? _____ ***Please attach a copy of your most recent visa***

DEPENDENT DATA

If any of your family members (spouse and/or children) will be accompanying you to the USA, please provide the following information: family and given names, date of birth, country of birth, and relationship to you

IN CASE OF EMERGENCY, CONTACT

Name: _____ Relationship: _____

Address: _____

Telephone: _____ Email: _____

Expenses and Financial Support

U.S. Department of State regulations require that the sponsoring institution have documentation of an exchange visitor's financial resources prior to issuing the Form DS019. New Jersey City University estimates the expenses of an adult visitor residing in an off-campus apartment to be approximately US\$ 1,000.00 per month, or approximately \$12,000.00 per year. An additional US\$ 400.00 per month is required for each dependant.

Please indicate the sources and amount of financial support (in US Dollars) available to you

New Jersey City University \$ _____

US government agency or agencies \$ _____

Institution or agency of exchange visitor's country \$ _____

International organization or any other organizations providing support \$ _____

Exchange visitor's personal funds \$ _____

Please submit ANY of the following relevant documents as proof of support. Applicants are required to provide two original copies of all affidavits, official letters, and bank statements.

- An appointment letter in the Exchange Visitor's name issued by New Jersey City University
- Documentation of sponsorship by a U.S. or foreign government agency, international organization, or other approved sponsor. The documentation should specify the dates of sponsorship and the amount of funding to be provided.
- The applicant's previous three months' bank statements to demonstrate a consistent level of available funds

Please review and sign the certification on the following page

SIGNATURE

Before signing this form, please check (✓) the following items:

- ___ 1. I have read and completed both sides of this form.
- ___ 2. I have attached the required documentation of financial support.
- ___ 3. I declare that I have truthfully stated the financial arrangements to support my exchange program at New Jersey City University.
- ___ 4. **(FOR J VISA APPLICANTS)** I understand that J-1 Exchange Visitors are required to hold health and accident insurance for the duration of their program in the United States. I agree to obtain the required insurance for me and my dependents and present proof of insurance within 30 days of my arrival in the United States. I understand that by not purchasing insurance, I will be terminated immediately from this J-1 Program.

I, the undersigned, state that the information provided within this application is true and complete. I agree to abide by all rules, regulations, policies and procedures of New Jersey City University.

Signature of Applicant

Date

Return to:

New Jersey City University
Office of International Students and Study Abroad
2039 Kennedy Blvd
Jersey City, NJ 07305
Fax: (201) 200-2326
email: internationalstudents@njcu.edu