

Name: _____
(FAMILY NAME,) (Given Name)

HEALTH SCIENCE PROGRAMS

Date of Birth: _____ Date: _____
(Month / Day / Year) (Month /Day /Year)

REQUEST FOR CERTIFICATE OF ELIGIBILITY (SEVIS FORM I-20 OR SEVIS FORM DS-2019) AND DECLARATION & CERTIFICATION OF FINANCES FOR INTERNATIONAL STUDENTS

(To be completed by all International Students who wish to obtain or maintain F-1 or J-1 status.)

International students admitted into a full-time academic program at Stony Brook University, State University of New York need to obtain a Certificate of Eligibility from the University in order to enter and/or remain in the U.S. in F-1 Student or J-1 Exchange Visitor status. This applies to new students, transfer students from another U.S. university, readmitted students, or students transferring to Stony Brook from another SUNY campus.

Please complete this four-page form and return it to your academic department with all supporting documentation after your acceptance to a graduate program. Prepare one set of original financial support documents each source of financial support you indicate and scan and email them in tiff or pdf format to your department . All documents must be less than 6 months old. Keep the originals you for your visa or change of status application. **The Certificate of Eligibility will be issued only after you are admitted and have properly completed and returned this form with all requested documents verifying that you have adequate financial resources to meet your expenses during the ENTIRE period of your anticipated study in the USA.** You will be notified by your department if further documentation is required. We reserve the right to request original documents for examination.

An estimate of minimum yearly expenses is provided below. You must show that you have funds immediately available for the first year of study; and you must also show that adequate funds will be available for each year thereafter from documented financial sources. See the separate information sheet on documenting personal finances if you plan to fund your study through personal funds.

Estimated Yearly Expenses for Stony Brook University International Graduate Students Academic Year 2012-2013

Tuition – <u>12 Credits</u>	\$ 15,160
Fees:	
College Fee	25
Academic Excellence & Success Fee	75
Activity Fee	50
Infirmary Fee	291
Transportation Fee	246
Technology Fee	417
International Student Fee	200
 <i>Subtotal Tuition & Fees:</i>	 <u>\$ 16,464</u>
 Estimated Living Expenses:*	
Books/Supplies	900
Graduate Student Housing (shared room)	5,808
Food	5,402
Personal/Transportation	1,368
<i>Subtotal Living Expenses:</i>	<u>\$ 13,478</u>
 Health Insurance	 <u>\$ 1,146*</u>
 Total First Year:	 <u>\$ 31,088**</u>

Tuition, fees, and other expenses are subject to change without notice.

DEPENDENTS: Students with accompanying dependents must verify **an additional \$8955 per year for their spouse and an additional \$4955 per child per year** for each year of study. Families needing childcare will require additional funds.

* Stipended students pay a reduced a health insurance fee of \$345

**Budgets other programs: Undergraduate = \$33,000, DPT = \$45,218, PA = \$32,468, MD = \$73,512, DDS = \$87,050

Please be advised that the above amounts represent the **MINIMUM** amount needed to survive at a very modest level on Long Island. Many students will require additional funds. Some academic programs may require additional fees. **It is anticipated that all costs will increase by 10 – 15% each year; please take this into account when completing this form.**

These estimates are valid only for Academic Year 2012-2013 for a 12 credit program of study. If you are admitted and you request a postponement of your admission, you will need to complete a new form. Please contact your academic department to obtain a NEW form if you plan to begin a program at another time.

Continued...

PERSONAL INFORMATION [To be filled out by the student, please attach copy of passport]:

Name: _____ Gender [] Male [] Female
 (FAMILY NAME,) (First Name) (Middle Name)

Current Mailing Address: _____ Valid Until _____
 (Number and Street) (City, State) (Country) (Postal Code) (Month / Day/ Year)

Telephone Number: _____ E-mail: _____

Date of Birth (Month/Day/Year): _____ Place of Birth (City and Country): _____

Country of Citizenship: _____ Country of Legal Permanent Residence: _____

Permanent Home Address in Country of Citizenship*: _____

Expected Address in U.S. (if known): _____

***REQUIRED INFORMATION.** Permanent Home Address must be a place of **Residence**; a P.O. Box address may not be used.

Occupation in Home Country (If currently a student, give name of school and level of education): _____

EDUCATION:

Education in U.S. (if applicable). [List all U.S. institutions attended chronologically.]			
Name of Institution	Date Entered	Date Left	Immigration Status While Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

{Use separate sheet for additional schools.}

Date of Initial Entry into the U.S. in F-1 or J-1 Status (Month/Day/Year): _____

If you are transferring from another U.S. institution to SUNY at Stony Brook, give name and address of last U.S. school attended: _____

If you are transferring from another U.S. institution to SUNY at Stony Brook, do you intend to leave the U.S. before coming to Stony Brook? [] Yes [] No If Yes, When? _____

Expected first semester of enrollment: [] Fall [] Spring [] Summer Year: 200_____

Field of Study (major): _____ Degree Program: [] Master's [] Doctoral [] Non-Matriculated [] Other (Explain "Other:" _____)

Type of Admission: [] New [] Readmission [] Continuing (change of level/program) [] Transfer from U.S. School

TO BE COMPLETED BY APPLICANTS CURRENTLY OVERSEAS:

What type of visa you plan to obtain to enter the U.S.? [] F-1 Student [] J-1 Exchange Visitor [] Other
 (Explain "Other:" _____)

TO BE COMPLETED BY APPLICANTS ALREADY IN THE U.S.:

Immigration Status:
 [] F-1 Student: SEVIS Number: _____
 (Attach photocopies of ALL Forms I-20s, front and back, Form I-94, front and back, and passport ID page)

[] J-1 Exchange Visitor: Program Number: _____ SEVIS Number: _____
 (Attach photocopies of all Forms DS-2019, Form I-94, front and back, and passport ID page)
 Have you previously been in the U.S. as a J-1 Exchange Visitor? [] Yes [] No If yes, where? Dates?: _____

[] Other: Current status (B-2, F-2, J-2, H-1, H-4, etc.): _____ New Status Requested: _____
 (Attach photocopies of Form I-94, front and back, passport ID page, and approval notices, etc.)
 Check one: [] I will apply for a Change of Status to USCIS within the U.S.; **OR** [] I will apply for a new visa at a U.S. Consulate overseas. Date Leaving U.S.: _____

DEPENDENTS: Please provide the following information for any members of your immediate family (husband, wife, son, or daughter) who will accompany you to Stony Brook University as your dependent(s). Please attach copies of their passports if available. Students with accompanying family members **MUST** verify an additional \$6500 per year for a spouse and an additional \$3630 per year for each child for the entire period of study.

LAST (FAMILY) NAME, First Name	Relationship	Date of Birth (month/day/year)	Place of Birth (city, country)	Citizenship	Country of Permanent Residence
1) _____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____

[Use separate sheet for additional family members.]

DECLARATION AND CERTIFICATION OF FINANCES

Please indicate the source and amount of your financial support for **EACH** year of study. Complete the information for **the number of years necessary for your program of study**. Total amounts **MUST** meet or exceed the estimate of expenses on page 1.

Obtain original documentation for each source of financial support you indicate, including **proof of available funds** [Bank statements or bank letters on official letterhead] and **proof of income** [Employer's letter on official letterhead indicating annual income (in English or accompanied by a certified translation)]. **KEEP ORIGINAL DOCUMENTS FOR VISA APPLICATIONS AT A U.S. CONSULATE OVERSEAS OR FOR A CHANGE OF STATUS WITHIN THE U.S.** Documents must be less than six months old.

The program of study is for _____ years.

AMOUNTS IN U.S. DOLLARS

SOURCES OF FINANCIAL SUPPORT	Year 1	Year 2	Year 3	Year 4	Year 5	Each additional year (No. of years more:___)
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Departmental Support (Department completes):

Tuition Scholarship Amount	_____	_____	_____	_____	_____	_____
FTE Equiv. (Full, ¾, ½, ¼)	_____	_____	_____	_____	_____	_____
Academic Year Stipend Amount	_____	_____	_____	_____	_____	_____
Type (TA/ GA/ RA)	_____	_____	_____	_____	_____	_____
Summer Stipend Amount	_____	_____	_____	_____	_____	_____
Type (TA/ GA/ RA)	_____	_____	_____	_____	_____	_____
Other Award (Type: _____)	_____	_____	_____	_____	_____	_____
Total Yearly Support:	_____	_____	_____	_____	_____	_____

(Attach copies of award letters) Signature of Department Official _____

Your Personal Savings [Note: Provide an account history for the last six months]:

Amount Bank 1	_____	_____	_____	_____	_____	_____
Name Bank 1: _____	_____	_____	_____	_____	_____	_____
Amount Bank 2	_____	_____	_____	_____	_____	_____
Name Bank 2: _____	_____	_____	_____	_____	_____	_____

(Attach current financial statement(s), executed in English, on official bank letterhead, specifying currency held, amount, and with U.S. Dollar Equivalents, for each bank indicated.)

Parent(s) and/or Other Sponsor:

Name Sponsor 1: _____	_____	_____	_____	_____	_____	_____
Amount Sponsor 1	_____	_____	_____	_____	_____	_____
Name Sponsor 2: _____	_____	_____	_____	_____	_____	_____
Amount Sponsor 2	_____	_____	_____	_____	_____	_____

(Attach a completed Affidavit of Support form [page 4] for each sponsor. Attach verifying documentation (income AND available funds).)

Government, University, or other Institutional Sponsorship:

Name of Sponsor 1: _____	_____	_____	_____	_____	_____	_____
Amount of Sponsor 1	_____	_____	_____	_____	_____	_____
Name of Sponsor 2: _____	_____	_____	_____	_____	_____	_____
Amount of Sponsor 2	_____	_____	_____	_____	_____	_____

(Attach current, signed, official copy of the terms of sponsorship, including amount of support in U.S. dollars, period of support, and types of support. If this notice is not in English, attach a certified translation.)

Other Source of Support:

Specify Source: _____	_____	_____	_____	_____	_____	_____
Free Room and/or Board: _____	_____	_____	_____	_____	_____	_____

(Attach validated, official documentation stating the terms of support, including amount of support in U.S. dollars, period of support, and types of support. If this notice is not in English, attach a certified translation. Attach proof of ownership / lease of residence for "Room.")

TOTAL AMOUNT OF SUPPORT: _____

(Each total must equal or exceed required amounts for each year. **Costs may rise 10 – 15% annually.**)

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SEVIS FORM I-20 OR FORM DS-2019 WILL NOT BE ISSUED UNTIL ALL ADMISSION AND FINANCIAL DOCUMENTATION REQUIREMENTS ARE MET. By signing my name to this form, I certify that the information above is a correct statement of my arrangements for financing my studies at Stony Brook University.

Student's Signature: _____ Date: _____
Please Print Name: _____

AFFIDAVIT OF SUPPORT - (Graduate Students)

A separate form must be completed by each sponsor who will provide the student with full or partial support during the student's course of study at Stony Brook University. Original should be prepared for each affidavit for applying for a visa or for a change of status. Students may not be sponsored by other F-1 or J-1 students or their F-2 or J-2 dependents.

SPONSORS MUST SHOW PROOF OF BOTH ANNUAL INCOME AND SAVINGS.

Sponsor Information:

1). I, _____, a citizen of _____, and residing at _____
(Name of sponsor) (Country) (Street)
_____, with telephone number _____
(City/state) (Country) (Postal code)
_____, certify the following:

2). I am employed in the capacity of _____ with _____ at an annual income/salary of U.S.\$ _____;
OR _____ Position/title name of employer
I am retired as of (date of retirement): _____. I derive an annual income of U.S.\$ _____ from (source): _____].

Attach a current salary or income confirmation statement, on official letterhead, executed in English, by the employer or the banker/accountant (if you are the business owner or retired). U.S. sponsors may attach a copy of the most recent income tax return. If the documentation is not in English, a certified English translation must be attached.

3). I have \$ (U.S.) _____ on deposit in *cashable* savings with the following banks:

1. \$ _____ Name of Bank: _____
2. \$ _____ Name of Bank: _____
3. \$ _____ Name of Bank: _____

Attach a current official financial statement(s), executed in English, by an official of that bank(s), with U.S. dollar equivalents.

4). I have _____ dependent(s) (excluding the student for which this form is executed) and estimate my annual expenses for myself and my dependents in U.S. dollars to be: \$ _____.

5). This affidavit is executed on behalf of (Name of Student): _____, who is my
(Relationship to You): _____, born on: Month _____ Day _____ Year _____.

6). I am aware that the full cost of supporting the above-named student for a graduate education at The State University of New York at Stony Brook is \$31,088 per year [2012-2013 estimate].

7). I am willing, able, and do commit to provide the above-named student with the minimum yearly amount of \$ (U.S.) _____ **EACH YEAR** for her/his tuition, fees and living expenses during his/her program of study at The State University of New York at Stony Brook until [CHOOSE ONE]: [] Completion of studies or [] the following date: _____ [Month/ Day/ Year].

8). [For local sponsors, only]: I will provide housing (room) for this student until [Date (Month/Day/Year)]: _____ at the following address: _____].

9). [For local sponsors, only]: I will provide meals (board) for this student until [Date (Month/Day/Year)]: _____ at the following address: _____.

Dependent Support Information [for students with accompanying dependents, only]:

10). I am willing and able to support the following individuals who will be accompanying the student as her/his **dependents**:

- (a) Name of Spouse: _____ with [CHOOSE ONE]:
[] A yearly amount of US\$ _____ [at least US\$ 8955 is required per year] or [] A total amount of US\$ _____.
- (b) Name(s) of child(ren): _____ with [CHOOSE ONE]:
[] A yearly amount, *each*, of US\$ _____ (total, all children, **each** year: US\$ _____) or
[] A total amount of US\$ _____ for all children [at least US\$ 4955 is required per year per child].

I swear (affirm) that I know and understand the contents of this affidavit signed by me and that the statements are true and correct; and I authorize the release of the pertinent documents to the student and/or U.S. government officials if requested. **Note: Some U.S. Consulates or Embassies may require notarized documents.** Documents may be notarized at a U.S. Consulate or Embassy.

Signature of Sponsor (s): _____ Date: _____
Print Name: _____