



Minot State UNIVERSITY

International Programs

Application for
Exchange Visitor DS-2019

I. Exchange Visitor Information:

Title: Prof. Dr. Mr. Ms.

Gender: Male Female

(Family Name)

(First Name)

(Middle Name)

Enter your name exactly as shown in your country passport. A copy of your passport **MUST** accompany this form.

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

Country of Citizenship: _____ Country of Permanent Residence: _____

Occupation in Home Country: _____ Employer / University: _____

Current Local Address (not required for new entries)

(Street and Number) (Apt. #)

(City) (State) (Zip Code)

Personal E-mail address: _____

Have you ever applied for, or been granted, U.S. Permanent Residency? Yes No

Are you currently in the U.S.? Yes No If YES, what is your immigration status? _____.

If you are currently a J-1 Visa holder, a photocopy of your current DS-2019 form must accompany this form.

If NO, have you been in the U.S. previously as an Exchange Visitor? Yes No Don't know

If yes, list previous period of J-1 status (please include **place & dates**):

MSU Sponsoring Department: _____ Dept. Contact: _____

Program Start Date ____/____/____ Program End Date ____/____/____

Federal Regulations prohibit the issuance of a new-entry Form DS-2019 (Certificate of Eligibility for J-1 visa status) to any professor/researcher, who has been in the U.S. as a J visa holder for more than 6 months during the previous 12 months.

Please provide a brief description of the proposed activities in which you will engage during your time at Minot State University:

II. Accompanying dependent(s):

An exchange visitor wishing to have his/her family member(s) accompany him/her must document the following amounts for each family member per calendar year of intended study: Spouse: \$12,00 per calendar year; \$4,200 for each child. Dependents can be either spouses or unmarried children under the age of 21.

- I plan to come without dependents.
 The following dependents will accompany me (list names and relationships):

FAMILY NAME, First Name	Date of Birth	COUNTRY of BIRTH	COUNTRY OF CITIZENSHIP	Country of PERMANENT RESIDENCE	Relationship (ex: Daughter)
_____	____/____/____	_____	_____	_____	_____
_____	____/____/____	_____	_____	_____	_____
_____	____/____/____	_____	_____	_____	_____

A copy of the photo/information page of each dependent's passport must accompany this form. In addition, you must provide a copy of your marriage certificate (for spouse) or birth certificate (for children) or other documentation of the relationship.

III. How do you prefer to receive your DS-2019

- HOLD for pick-up by:** Name _____ Phone _____ Email _____
- MAIL it to me via REGULAR POSTAL SERVICE:** Your DS-2019 will be sent standard airmail to the name and address you indicate in the address box below.
- EXPRESS DELIVERY:** Express delivery is available for the cost of **US\$60.00 per packet**. Your DS-2019 will be sent via FedEx Express to the name and physical address you indicate in the address box below. **POSTAL BOXES ARE NOT ACCEPTED.** Express delivery requests can be accommodated only after payment is successfully processed. You must provide credit card information here, along with signature, and a copy of photo identification from the card holder.

MasterCard Visa Card number: _____ Exp. date: ____/____/_____
 3-digit security code from the reverse side of card _____ MM DD YY

*I hereby authorize you to charge my credit card for the total fee of: US\$60.00**

Cardholder name: _____ Cardholder signature: _____

**In order to verify authorization of this charge a copy of an official form of photo identification of the cardholder, showing a signature, must accompany this form. Acceptable types of identification include a passport, driver's license, or any other national or state issued identification card.*

PRINT THE NAME AND ADDRESS IN ENGLISH, EXACTLY AS IT SHOULD APPEAR ON THE ENVELOPE. A PHYSICAL ADDRESS IS REQUIRED FOR EXPRESS DELIVERY.

Recipient's Full Name:	
Street 1:	
Street 2:	
City, State, Province	
Postal Code, Country:	
Phone number at location:	

IV. Annual Estimate of Expenses for Exchange Visitors (2017-2018)

This is a modest, "no extras" budget. It does not include such items as telephone calls, or ownership of a vehicle, for example. It is highly recommended that you bring at least 10% more.

Housing: Average monthly rent: two bedrooms, one bath, plus utilities= \$1,300	\$15,600
Food	\$4,335
Local transportation Travel to and from your country not included	\$800
Health Insurance required by U.S. Dept. of State Coverage is mandatory, if insurance benefits not provided through contract	\$1,748
Professional supplies	\$1,000
Misc. (personal items, clothing)	+ \$2,500
Individual Required Living Costs (annual):	\$25,983

PLUS Dependent Costs: \$ _____ (spouse)
If you are going to be accompanied by a spouse or child, you must show additional evidence of financial capability to cover their annual expenses in the following amount: \$12,200 annually for your spouse; and an additional \$4,200 for each child. \$ _____ (children)

Divide the above figures by 12, then multiply by the number of months of your program to get
YOUR TOTAL ESTIMATED MINIMUM COSTS:

V. Sources of Funding

- Personal Funds:** The amount available to me from my own resources _____
- MSU salary or stipend:** _____
Specify terms: _____
- U.S. Government:** _____
Agency code: _____
- Home government:** _____
Specify source: _____
- Other organization providing support:** _____
Specify source: _____

Total amount available to me for the exchange program duration. _____
This amount must be the same or more than your minimum costs.

The following documents must be enclosed to prove financial resources available for the duration of the program:

My personal documents: Investment/savings statements Proof of income

Sponsors documents: All three types of documents MUST be attached for each sponsor:

Affidavit of Support Proof of income Investment/savings statements

Other sources of funding: Award letter(s) Copy of contract(s) Other relevant documentation



WHAT DOES THIS AFFIDAVIT MEAN?

By completing this affidavit, you are swearing to the U.S. government that you will provide this exchange visitor with a specific amount of money from your own financial resources *for every year* he or she is going to study at Minot State University and live in the U.S. You are also proving that you can afford the support you are promising with the documents you have attached.

Before signing it, you must understand that you are making a financial commitment to the exchange visitor that should not be broken. Sponsors who fail to provide the promised support force exchange visitors to withdraw early from their programs, causing extreme stress, pain and suffering. Do not expect that the exchange visitor will be able to help support the costs once they arrive in the U.S.

HOW TO COMPLETE THIS FORM:

- Fill this form out completely in English. Promise only the amount of money you are able to give. The most common reason we reject affidavits is that we do not believe a sponsor can afford to give as much as promised.
- Attach the documentary evidence of support explained below.
- Sign and date the affidavit in front of a notary public (or another authority who can legally authenticate the document).
- **Prove that you are financially capable of providing this cash support for every year of the exchange visitor's program by attaching all the following documents. Documents must be: photocopies or faxes; current (less than two months old); in English. Your financial support will not be considered if any documents are missing.**

1. PROOF OF INCOME.

- Income tax returns (or receipts) with most recent pay stub, **OR**
- Pay stubs for the last six months.

Pay stubs must show name of employer.

Self-employed Sponsor

- Submit most recent tax returns, business registration and license **AND**
- Proof of individual sponsor's income (bank statements showing deposits for past 6 months, paystubs, etc.)

- ### **2. SAVINGS OR INVESTMENT STATEMENT(S) in the name of the sponsor *only*.** A monthly statement of balances and deposits for the last 6 months.



**Minot State
UNIVERSITY**

International Programs

**Financial Sponsor's
Affidavit of Support**

I, _____, *promise that I can and will*
My name

give _____ *no less than U.S. \$* _____
Full name of exchange visitor

in cash for the duration of the exchange program.

My relationship to the exchange visitor is _____
Parent, spouse, brother/sister, friend

My address is:

Telephone _____ Fax _____ Email _____

The additional following persons are fully or partially dependent upon me for their support. If you have no dependents, write "NONE."

Name Relationship to me (spouse/child/etc) Age

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Name Relationship to me (spouse/child/etc) Age

Name of my employer: _____ Annual salary: _____ (in US dollars)

Other annual income: _____ (USD) Total savings/investments available: _____ (USD)

Proof of my income and savings/investment statements are attached: Yes No

***I swear that the information I have provided above is true and correct
(sign this portion in front of a person who can legally authenticate the document)***

Signature of Sponsor

Today's Date