



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*)

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
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: _____