



## Office of International Programs

400 South Orange Avenue  
President's Hall, Room 9  
South Orange, NJ 07079  
Tel: 973-761-9072  
Fax: 973-275-2383  
Email: [oiip@shu.edu](mailto:oiip@shu.edu)

## DS-2019 Application for School of Health and Medical Sciences Programs

This application is for exchange students from partner universities that will participate in the School of Health and Medical Sciences programs. This application explains how to get your Form DS-2019, which is used to apply for the J-1 visa. You will bring it to your visa appointment at the United States embassy in your home country.

**\*Students Eligible for the ESTA Program (Visa Waiver Program) –You cannot use an ESTA authorization for this program at Seton Hall University.** The ESTA program can only be used by tourists coming to the U.S. This is an educational program, you are not coming as a tourist.

### How to Apply for the DS-2019 form:

Our office requires the following documents. You may email, fax or mail these documents to our office.

- 1) The Application for Exchange Students (attached)
- 2) Proof of Finances: You must provide proof of finances to cover living expenses for the duration of your program in the United States. (See section describing financial proof)
- 3) Copy of the biographical page in your passport
- 4) Proof of English-language proficiency
- 5) Provide proof of health insurance to cover you for the duration of your program in the United States. Must meet J-1 visa requirements. (See section on health insurance)

### How to Prepare for Seton Hall:

- 1) Secure housing, on-campus or off-campus. (Instructions for on-campus housing will be sent with DS-2019)
- 2) Plan transportation to clinical sites.

---

**Visa Information:** For more information on the J-1 visa regulations, what to expect at the visa interview and studying in the United States, please visit:

Seton Hall University, Office of International Programs at: <http://www.shu.edu/offices/international-programs/about.cfm>

Department of Homeland Security's website, "Study in the States" at: <http://studyinthestates.dhs.gov/>

**Clinical Placement Information:** This is handled by the appropriate department within the School of Health and Medical Sciences at Seton Hall University. For more information regarding your clinical placements and requirements, please correspond with your contact within that department.

## ESTIMATED FINANCIAL COST FOR THE PROGRAM

Below is an estimate of what your **monthly** housing and living costs will be during your program. Please use this breakdown to calculate how much you must provide as proof of finances for your DS-2019 application:

### ROOM & BOARD

Off-campus monthly rent	\$1,000
Off-campus food	\$300
On-campus semester housing (including meal plan)*	\$6,998

### OTHER EXPENSES

Public Transportation	Depends on the distance
Miscellaneous Expenses	\$200

### TOTAL

Total off-campus monthly expenses:	\$1,600
Total on-campus expenses:	\$6,998 per semester

\*On-campus housing is not guaranteed. The price above is based on the entire semester (4 months) and includes a mandatory meal plan. This price may be pro-rated upon request. Prices fluctuate according to dormitory and meal plan selection. The price above reflects a double room in the average dormitory and meal plan IV.

## SOURCES OF FINANCES

- **Funds from Sponsors** (parents, relatives, friends, organizations). You may have as many sponsors as you need. Sponsors may provide you with support in the form of monetary funds and/or room and board. Free room and board is when you live with someone in the U.S. and will not pay for rent, utilities or food.
  - **Financial Sponsors** should provide bank statements, bank letter with account balance or other type of financial document as proof of finances. These documents should be no more than 3 months old, in English and clearly state the currency. Additionally, financial sponsors should sign the Promise of Cash Support form (attached) to certify that they will use their funds to pay for your education costs and how much they will be giving you.
  - **Room and Board Sponsors** should sign the Promise of Free Room and Board and attach proof of address.
- **Personal Funds** (come from your own resources). Please provide a bank statement, bank letter with account balance or some other type of financial document. These documents should be no more than 3 months old, in English and clearly state the currency.

## **PROOF OF ENGLISH LANGUAGE PROFICIENCY**

All J-1 visa exchange visitors must possess sufficient English-language skills in order to carry out their program and daily life in the United States. Your home university must provide us with a signed letter confirming this.

## **OBTAIN HEALTH INSURANCE FOR COVERAGE IN THE UNITED STATES**

As a J-1 visa holder, it is a legal requirement for you to be covered for health insurance while in the United States. This health insurance plan must meet the following U.S. Department of State requirements. Please send us a document that shows your plan covers these requirements. Please do not send us only a copy of your insurance card.

- (a) Medical benefits of at least \$100,000 per person per accident or illness;
- (b) Repatriation of remains in the amount of \$25,000;
- (c) Medical evacuation in the amount of \$50,000;
- (d) A deductible that does not exceed \$500 per accident or illness.
- (e) The policy must be underwritten by an insurance corporation with an A.M. Best rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI) rating of "A-I" or above, a Standard and Poor's Claims Paying Ability rating of "A-" or above, or a Weiss Research, Inc. rating of B+ or above. \*You should be able to obtain this information from the company's website or by calling them.

**Willful failure on your part to maintain the required insurance throughout your stay in the United States will result in the termination of your exchange program.**

## **PREPARING FOR THE SEMESTER**

### **HOUSING**

Please indicate on the form below what type of housing you are looking for. If you would like to live on-campus, our office will inquire with the Housing Department on campus for availability and the possibility to prorate the amount. If you are interested in off-campus housing, please email us if you should need any resources to find housing. Please note, it may be challenging to rent an apartment on your own since most rental contracts are for the duration of 1 year and the apartments are unfurnished. A more likely option will be finding a room for rent.

### **ORIENTATION**

Please schedule an orientation with the Office of International Programs and your contact in the School of Health and Medical Sciences to review information about the campus, visa regulation and your program at Seton Hall University.



**Office of International Programs**

400 South Orange Avenue  
President's Hall, Room 9  
South Orange, NJ 07079  
Tel: 973-761-9072  
Fax: 973-275-2383  
Email: oip@shu.edu

**APPLICATION FOR EXCHANGE STUDENTS**

**PERSONAL DATA**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female

Country of Citizenship \_\_\_\_\_ City and Country of Birth \_\_\_\_\_

Home University \_\_\_\_\_ Program/Major: \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

**CURRENT MAILING ADDRESS**

**(The DS-2019 will be mailed to this address)**

Street Number \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

**EMERGENCY CONTACT**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

**SETON HALL UNIVERSITY ENROLLMENT**

Program at SHU \_\_\_\_\_

Dates of program at Seton Hall: from: \_\_\_\_\_ to: \_\_\_\_\_

Housing:  I will apply for on-campus housing (You may have to purchase housing & meal plan for the entire semester)  
 I will apply for off-campus housing

Medical Insurance:  I am aware that I need to provide proof of medical insurance that meets the J-1 visa standards in order to receive the DS-2019.



**Office of International Programs**

400 South Orange Avenue  
 President's Hall, Room 9  
 South Orange, NJ 07079  
 Tel: 973-761-9072  
 Fax: 973-275-2383  
 Email: oip@shu.edu

**PROMISE OF CASH SUPPORT**

By completing this form, you are swearing to the U.S. government that you will provide this student with a specific amount of money from your own financial resources *for the entire duration of the student's program* at Seton Hall University. You are also proving that you can afford the support you are promising by submitting a financial document showing the amount promised. The document must be no older than 3 months, in English and clearly state the currency. *If another person's name appears on your bank statement, that person must co-sign below.*

<b><i>PART I: SPONSOR INFORMATION</i></b>			
My relationship to the student is			
First Name		Last Name	
My Address			
Street Address			Apartment/Unit #
City	Province	Postal Code	Country
Phone		Email	

<b><i>PART II: FUNDING TO BE GIVEN TO THE STUDENT</i></b>
Amount of funding that I will give to the student for the entire duration of the program:
I have attached the following required documents: <input type="checkbox"/> Bank Statement no older than 3 months, in English and states the currency

<b><i>PART III: SPONSOR EMPLOYMENT INFORMATION</i></b>	
Name of my employer	
Annual Salary (U.S.D.)	Other Income (U.S.D.)

<b><i>PART V: SIGNATURE OF SPONSOR</i></b>			
<i>I swear the information I have provided above is true and correct.</i>			
Signature of Sponsor		Date	
Signature of Co-Sponsor (if applicable)		Date	



**Office of International Programs**

400 South Orange Avenue  
 President's Hall, Room 9  
 South Orange, NJ 07079  
 Tel: 973-761-9072  
 Fax: 973-275-2383  
 Email: oip@shu.edu

**PROMISE OF FREE ROOM AND BOARD**

By completing this Form, you are swearing to the U.S. government that this student will live with you free of any charge for room and food *for the entire duration of their program*. You are also proving that you are the person who owns or rents the property and can afford the support the student for utilities. Please provide proof of address along with this form.

***Part I: SPONSOR PROMISE***

I promise that for each year of his/her program of study, the student, \_\_\_\_\_ will live free of any charge WITH ME in my home. I promise that I will not require any type of service(s) to be performed in exchange for this benefit.

Last Name	First Name
-----------	------------

***PART II: SPONSOR INFORMATION***

**My relationship to the student is**

Phone	Email
-------	-------

**Address where the student will be living:**

Street Address	Apartment/Unit #
City	State
Zip Code	

I currently  own  rent this property.

I have attached one of the following required documents:  Lease or Deed Document or  Proof of address (ie. electricity bill)

***PART III: SIGNATURE OF SPONSOR***

***I swear the information I have provided above is true and correct.***

Signature of Sponsor	Date
----------------------	------